Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Clarence First name Middle name Thomas Last name and Suffix (Sr., Jr., II, III)	Tina First name L. Middle name Thomas Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
	maidon namee.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4333	xxx-xx-2443

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	■ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EIN	EIN		
5.	Where you live	1329 Country Club Road	If Debtor 2 lives at a different address:		
		Columbus, OH 43227 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Franklin			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

_	otor 2 Tina L. Thomas			Case numb	OET (if known)			
Par	t 2: Tell the Court About	Your Bankruptcy C	case					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	☐ Chapter 7						
		☐ Chapter 11						
		☐ Chapter 12						
		Chapter 13						
8.	How you will pay the fee	about how y order. If you a pre-printer	ou may pay. Typically, if you are part attorney is submitting your paymed address.	aying the fee yourself, you i ent on your behalf, your atto	lerk's office in your local court for more details may pay with cash, cashier's check, or money orney may pay with a credit card or check with			
		The Filing F ☐ I request the but is not reapplies to you	ee in Installments (Official Form 10 at my fee be waived (You may required to, waive your fee, and may	3A). quest this option only if you do so only if your income is to pay the fee in installment	attach the Application for Individuals to Pay are filing for Chapter 7. By law, a judge may, s less than 150% of the official poverty line that ts). If you choose this option, you must fill out (3B) and file it with your petition.			
9.	Have you filed for bankruptcy within the last 8 years?	■ No. □ Yes. District		hen				
		District District		hen	Case number Case number			
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No □ Yes.						
		Debtor			Relationship to you			
		District	W	hen	Case number, if known			
		Debtor			Relationship to you			
		District	W	hen	Case number, if known			
11.	Do you rent your residence?	■ NO.	line 12.	udoment against you?				
		res. naby	No. Go to line 12.	and your				
				out an Eviction Judgment A	gainst You (Form 101A) and file it as part of			

	otor 2 Tina L. Thomas				Case number (if known)
Dar	t 3: Report About Any Bu	ısinossos	Vau Ow	n ac a Solo Bronriot	or.
	Are you a sole proprietor				OI
	of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Nam	e and location of bus	iness
	A sole proprietorship is a business you operate as		Nam	e of business, if any	
	an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.				
	If you have more than one sole proprietorship, use a separate sheet and attach		Num	ber, Street, City, Stat	e & ZIP Code
	it to this petition.		Chec	ck the appropriate box	x to describe your business:
				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broke	r (as defined in 11 U.S.C. § 101(6))
				None of the above	
13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?		proceed you are o	under Suchoosing v statements)(B).	ubchapter V so that it to proceed under Sul ent, and federal incon	court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or bchapter V, you must attach your most recent balance sheet, statement of operations, ne tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.
	For a definition of small	■ No.	I am	not filing under Chap	ter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.
		☐ Yes.			11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
Par	t 4: Report if You Own or	Have Any	/ Hazard	ous Property or Any	Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat	☐ Yes.			
	of imminent and identifiable hazard to public health or safety?		What is	the hazard?	
	Or do you own any property that needs immediate attention?			diate attention is , why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where	is the property?	
					Number, Street, City, State & Zip Code

Debtor 1 Clarence Thomas
Debtor 2 Tina L. Thomas

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	tor 1 tor 2	Clarence Thomas Tina L. Thomas				Case nur	mber (if known)		
Par	t 6:	Answer These Questi	ons for Repo	orting Purposes					
16.		t kind of debts do nave?	in	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
				No. Go to line 16b.					
				■ Yes. Go to line 17. Are your debts primarily business debts? Business debts are debts that you incurred to obtain					
				re your debts primarily busines oney for a business or investmen					
				No. Go to line 16c.					
				Yes. Go to line 17.					
			16c. St	ate the type of debts you owe that	at are not consun	ner debts or busi	iness debts		
17.		ou filing under oter 7?	■ No.	nm not filing under Chapter 7. Go	to line 18.				
after any		ou estimate that any exempt erty is excluded and		am filing under Chapter 7. Do you e paid that funds will be available				uded and administrative expenses	
	admi	administrative expenses are paid that funds will		l No					
	be av	vailable for ibution to unsecured itors?		Yes					
18.	How many Creditors do	□ 1-49		1 ,000-5,000		□ 25	5,001-50,000		
	-	you estimate that you owe?	■ 50-99 □ 5001					0,001-100,000	
			☐ 100-199 ☐ 200-999		10,001-25,00	00	LI IV	lore than100,000	
19.		How much do you	\$0 - \$50 ,	000	□ \$1,000,001 -	- \$10 million	□ \$	500,000,001 - \$1 billion	
		nate your assets to orth?	□ \$50,001	- \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million		1,000,000,001 - \$10 billion		
		□ \$100,001 □ \$500,001		☐ \$100,000,001			10,000,000,001 - \$50 billion lore than \$50 billion		
20.		much do you	□ \$0 - \$50,	000	□ \$1,000,001 -	- \$10 million	□ \$	500,000,001 - \$1 billion	
	estin	nate your liabilities ?	\$50,001		□ \$10,000,001 - \$50 million		_	1,000,000,001 - \$10 billion	
			■ \$100,001 - \$500,000 □ \$50,000, □ \$500,001 - \$1 million □ \$100,000			- \$100 million 11 - \$500 million		10,000,000,001 - \$50 billion Nore than \$50 billion	
			— \$500,001	- \$1 Hillion				***************************************	
Par		Sign Below							
For	you		I have exam	ined this petition, and I declare u	nder penalty of p	erjury that the in	formation prov	rided is true and correct.	
				sen to file under Chapter 7, I am is Code. I understand the relief a					
				y represents me and I did not pay have obtained and read the notic				ey to help me fill out this	
			I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
				making a false statement, concects can result in fines up to \$250				by fraud in connection with a oth. 18 U.S.C. §§ 152, 1341, 1519,	
				ce Thomas		/s/ Tina L. Them			
			Clarence 3 Signature of			Tina L. Thom Signature of De			
			Executed or	January 18, 2021 MM / DD / YYYY			January 18, MM / DD / YY		

Debtor 1	Clarence Thomas
Debtor 2	Tina L. Thomas

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Amanda Page	Date	January 18, 2021
Signature of Attorney for Debtor		MM / DD / YYYY
Amanda Page P69025 MI P69025 MI		
Printed name		
Amourgis & Associates		
Firm name		
3200 W. Market Street, Suite 106		
Akron, OH 44333		
Number, Street, City, State & ZIP Code		
Contact phone 330-400-5017	Email address	bk_Department@amourgis.com
P69025 MI OH		
Bar number & State		

Fill in this inf	ormation to identify your	case:			
Debtor 1	Clarence Thomas				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	Tina L. Thomas First Name	Middle Name	Last Name		
, , ,					
United States	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case number					
(if known)				☐ Chec	k if this is an
				amen	ded filing
Summary Be as comple information. F your original	te and accurate as possib	le. If two married people es first; then complete th	nd Certain Statistical Information e are filing together, both are equally responsible for information on this form. If you are filing amend the box at the top of this page.	or supplyi	
Part 1: Sur	nmarize Your Assets				
				Your a	ssets of what you own
				value	or what you own
1. Schedul	e A/B: Property (Official Fo	orm 106A/B)		\$	0.00
				\$	27,376.52
4. 0	line CO. Tetal of all assesses	. a.a. Calaaduda A/D		Ф.	07.070.50
1с. Сору	line 63, Total of all property	on Schedule A/B		\$	27,376.52
Part 2: Sur	nmarize Your Liabilities				
					iabilities
				Amour	nt you owe
	e D: Creditors Who Have Cl the total you listed in Colur		(Official Form 106D) the bottom of the last page of Part 1 of Schedule D	\$	56,329.00
3. Schedule	e E/F: Creditors Who Have	Unsecured Claims (Officia	al Form 106E/F)		
За. Сору	the total claims from Part	1 (priority unsecured claim	ns) from line 6e of Schedule E/F	\$	553.00
3b. Сору	the total claims from Part	2 (nonpriority unsecured c	claims) from line 6j of Schedule E/F	\$	106,985.00
			Your total liabilities	\$	163,867.00
Part 3: Sur	mmarize Your Income and	Expenses			
1 Sahadul	e I: Your Income (Official Fo	rm 1061)			
			e I	\$	4,357.16
E Sobodul	e J: Your Expenses (Official	Form 106 I)			
	,	,		\$	3,658.00
Part 4: Ans	swer These Questions for	Administrative and Stat	istical Records		
6. Are you	filing for bankruptcy unde	er Chapters 7, 11, or 13?			
-			heck this box and submit this form to the court with yo	our other sc	hedules.
- v					
■ Yes 7. What kir	nd of debt do you have?				
. Wilat Kii	ia oi debi do you liave!				
			debts are those "incurred by an individual primarily for og for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules. Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum

page 1 of 2

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

6,327.25

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	553.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	86,907.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	87,460.00

Fill in this infor	mation to identify you	r case and this filing:			
Debtor 1	Clarence Thoma	s			
	First Name	Middle Name	Last Name		
Debtor 2	Tina L. Thomas				
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	SOUTHERN DISTRICT O	F OHIO		
Case number					Check if this is an
					amended filing
Official Fo	orm 106A/B				
Schedu	le A/B: Prop	perty			12/15
hink it fits best. I nformation. If mo Answer every que	Be as complete and accur re space is needed, attach estion.	ate as possible. If two married n a separate sheet to this form	ce. If an asset fits in more than people are filing together, both . On the top of any additional pa	are equally responsible for su	pplying correct
Part 1: Describe	e Each Residence, Buildin	g, Land, or Other Real Estate `	You Own or Have an Interest In		
. Do you own or	have any legal or equitab	le interest in any residence, bu	uilding, land, or similar property	?	
No. Go to Pa	art 2.				
☐ Yes. Where	is the property?				
Part 2: Describe	e Your Vehicles				
Oo vou own les	ase or have legal or eg	uitable interest in any vehi	cles, whether they are regist	ered or not? Include any ve	phiolog you own that
			e G: Executory Contracts and		eriicies you own that
			•	•	
B. Cars, vans, t	rucks, tractors, sport u	tility vehicles, motorcycles	;		
□ No					
Yes					
— 165					
	Uvundoi			Do not deduct secured cla	aims or exemptions. Put
3.1 Make:	Hyundai		st in the property? Check one	the amount of any secure	d claims on Schedule D:
Model:	Sonata	Debtor 1 only		Creditors Who Have Clair	ns Secured by Property.
Year:	2019	Debtor 2 only		Current value of the	Current value of the
Approxima	ate mileage:	1,252 ■ Debtor 1 and De	btor 2 only	entire property?	portion you own?
Other info	rmation:	At least one of th	ne debtors and another		
		Check if this is (see instructions)	community property	\$12,218.00	\$12,218.00
3.2 Make:	Nissan	Who has an interes	st in the property? Check one	Do not deduct secured cla the amount of any secure	
Model:	Murano	■ Debtor 1 only		Creditors Who Have Clair	
Year:	2009	Debtor 2 only		Current value of the	Current value of the
		5,899 □ Debtor 1 and De	ebtor 2 only	entire property?	portion you own?
Other info		<u> </u>	ne debtors and another		• •
		Check if this is (see instructions)	community property	\$1,289.00	\$1,289.00

Debt		ina L. Thomas			Case number (if known)	
3.3 Make: Kia Model: Serento			Who has an interest in the property? Check one ☐ Debtor 1 only	the amount of any	ured claims or exemptions. Put secured claims on Schedule D: ve Claims Secured by Property.	
	Year:	2013		Debtor 2 only	Current value of t	
	• •	nate mileage:	93000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other in	formation:		At least one of the debtors and another		
				☐ Check if this is community property (see instructions)	\$5,458	\$5,458.00
E xa	amples: B No Yes	oats, trailers, mo	tors, personal wa	d other recreational vehicles, other vehicles, tercraft, fishing vessels, snowmobiles, motorcycl	e accessories	
				n for all of your entries from Part 2, including that number here		\$18,965.00
Part 3	Descri	be Your Personal	and Household Ite	ems		
Do y	ou own o	or have any lega	l or equitable int	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
•	Yes. De	a		dresser, washer/dryer, kitchen table and household items. No one item of more t		\$1,500.00
E:	No	Televisions and including cell pho	ones, cameras, m	eo, stereo, and digital equipment; computers, prin nedia players, games Computer - No One Item Worth More Tha		ollections; electronic devices\$2,000.00
E:	kamples: No		urines; paintings, , memorabilia, col	prints, or other artwork; books, pictures, or other llectibles	art objects; stamp, coin,	or baseball card collections;
9. Eq	uipment	for sports and I	phic, exercise, an	d other hobby equipment; bicycles, pool tables, q	golf clubs, skis; canoes a	and kayaks; carpentry tools;
		scribe				
10. F	irearms		hotguns, ammunit	tion, and related equipment		

Debt Debt		Clarence Th Tina L. Thor			Case number (if known)	
	l No		othes, fur	s, leather coats, de	esigner wear, shoes, accessories	
_	Yes.	Describe				
			Used	Clothing		\$300.00
	l No		welry, co	stume jewelry, eng	agement rings, wedding rings, heirloom jewelry, watches, gems,	gold, silver
			Wedd	ing Bands- jewe	elry	\$2,500.00
14. A	Example No Yes. No No No No No	m animals les: Dogs, cats, Describe ner personal an Give specific inf	ıd housel	nold items you di	d not already list, including any health aids you did not list	
15.					Part 3, including any entries for pages you have attached	\$6,300.00
		cribe Your Finan n or have any I			in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	Exampl No				home, in a safe deposit box, and on hand when you file your petit	ion
					Cash	\$20.00
	Exampi I No	ts of money les: Checking, s institutions.	avings, o If you ha	r other financial ac ve multiple accoun	counts; certificates of deposit; shares in credit unions, brokerage its with the same institution, list each. Institution name:	houses, and other similar
			17.1.	Checking	Kemba Credit Union account ending in 1904	\$12.09
			17.2.	Savings	Kemba Credit Union account ending in 1904	\$0.00
			17.3.	Checking	Keybank account ending in 3266	\$56.00
			17.4	Savings	Keybank account ending in 2916	\$380.00

Debtor 1 Debtor 2	Clarence Thom Tina L. Thomas		Case number (if known)	
	1	7.5. Checking	US Bank account ending in 4003	\$3.94
	1	7.6. Checking	PNC account ending in 2367	\$3.49
		ublicly traded stocks estment accounts with bro	okerage firms, money market accounts	
		Institution or issuer	name:	
joint	oublicly traded stock venture	and interests in incorpo	orated and unincorporated businesses, including an interest in an	LLC, partnership, and
■ No □ ∨es	Give specific inform	ation about them		
— 100	. Cive specific inform	Name of entity:	% of ownership:	
Nego Non-r	tiable instruments incl	ude personal checks, cas	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
■ No □ Yes.	. Give specific informa	ation about them Issuer name:		
Exam ■ No		ERISA, Keogh, 401(k), 4	103(b), thrift savings accounts, or other pension or profit-sharing plans	
⊔ Yes.	. List each account se	parately. Type of account:	Institution name:	
Your		eposits you have made so	that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or	rothers
■ No □ Yes.			Institution name or individual:	
		periodic payment of mone	ey to you, either for life or for a number of years)	
■ No	leguo	name and description.		
		·		
	sts in an education II 6.C. §§ 530(b)(1), 529,		ualified ABLE program, or under a qualified state tuition program.	
☐ Yes.	Institu	tion name and description	n. Separately file the records of any interests.11 U.S.C. § 521(c):	
25. Trusts ■ No	s, equitable or future	interests in property (o	ther than anything listed in line 1), and rights or powers exercisal	ole for your benefit
☐ Yes.	. Give specific inform	ation about them		
			nd other intellectual property ds from royalties and licensing agreements	
	. Give specific inform	ation about them		
Exam		other general intangible, exclusive licenses, coop	es perative association holdings, liquor licenses, professional licenses	
■ No □ Yes.	. Give specific inform	ation about them		

Current value of the portion you own?
Do not deduct secured Official Form 106A/B Schedule A/B: Property page 4

Money or property owed to you?

Debtor 1 Debtor 2	Clarence Thomas Tina L. Thomas		Case number (if known)
				claims or exemptions.
☐ No		nem, including whether you already filed the returns a	nd the tax years	
		Estimated Tax Refund For 2020		\$0.00
Exai ■ No	lly support mples: Past due or lump sum alimo s. Give specific information	ny, spousal support, child support, maintenance, divo	rce settlement, proper	ty settlement
Exar ■ No	benefits; unpaid loans you r	urance payments, disability benefits, sick pay, vacatio nade to someone else	n pay, workers' comp	ensation, Social Security
31. Intere		rance; health savings account (HSA); credit, homeow	ner's, or renter's insura	ance
■ Ye	s. Name the insurance company of Company		ary:	Surrender or refund value:
	Term Po	licy with employer spouse		\$0.00
If you some ■ No □ Yes 33. Claim Exan ■ No	eone has died. s. Give specific information ns against third parties, whether mples: Accidents, employment disp	ou from someone who has died t, expect proceeds from a life insurance policy, or are or not you have filed a lawsuit or made a demand utes, insurance claims, or rights to sue		ceive property because
■ No	-	aims of every nature, including counterclaims of th	ne debtor and rights	to set off claims
□ No	financial assets you did not alreass. Give specific information	dy list		
]	Garnished Funds - Mariner Finanical		\$1,636.00
	-	ntries from Part 4, including any entries for pages	you have attached	\$2,111.52
Part 5:	Describe Any Business-Related Prop	erty You Own or Have an Interest In. List any real estate in	n Part 1.	
37. Do yo	u own or have any legal or equitable	interest in any business-related property?		

Official Form 106A/B Schedule A/B: Property page 5

No. Go to Part 6.

	tor 1 Clarence Thomas tor 2 Tina L. Thomas		Case number (if known)	
	Yes. Go to line 38.			
Part	6: Describe Any Farm- and Commercial Fishing-Related Property You fly you own or have an interest in farmland, list it in Part 1.	u Own or Have an Intere	st In.	
46. l	Oo you own or have any legal or equitable interest in any farm	n- or commercial fishir	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part	7: Describe All Property You Own or Have an Interest in That You	ou Did Not List Above		
	Do you have other property of any kind you did not already lise Examples: Season tickets, country club membership No Yes. Give specific information	t?		
54.	Add the dollar value of all of your entries from Part 7. Write the	hat number here		\$0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$18,965.00	_	
57.	Part 3: Total personal and household items, line 15	\$6,300.00		
58.	Part 4: Total financial assets, line 36	\$2,111.52		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$27,376.52	Copy personal property total	\$27,376.52
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$27,376.52

Fill in this infor	mation to identify your	case:		
Debtor 1	Clarence Thomas	3		
	First Name	Middle Name	Last Name	
Debtor 2	Tina L. Thomas			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the	Property `	You Claim	as Exempt
---------	--------------	------------	-----------	-----------

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.					
	■ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Couches, beds, dresser, washer/dryer, kitchen table and	\$1,500.00		\$1,500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
	chairs and other misc. household items. No one item of more than \$500 in value. Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	Tv, Cell Phone, Computer - No One Item Worth More Than \$500.00	\$2,000.00		\$2,000.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	2323.00(A)(4)(a)
	Used Clothing Line from Schedule A/B: 11.1	\$300.00		\$300.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
	Line nom Schedule AVB. 11.1			100% of fair market value, up to any applicable statutory limit	2323.00(A)(4)(a)
	Wedding Bands- jewelry Line from Schedule A/B: 12.1	\$2,500.00		\$2,500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)
	Ellie Holli Genedale AVB. 12.1			100% of fair market value, up to any applicable statutory limit	2020.00(A)(4)(0)
	Cash Line from Schedule A/B: 16.1	\$20.00		\$20.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
Line Horn Schedule A/B: 10.1				100% of fair market value, up to any applicable statutory limit	2020:00(17)(0)

Debtor 1 Clarence Thomas
Tina L. Thomas

Case number (if known)

Schedule A/B that lists this property portion	t value of the you own e value from le A/B \$12.09		sunt of the exemption you claim ck only one box for each exemption. \$12.09 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)	
Checking: Kemba Credit Union account ending in 1904 Line from Schedule A/B: 17.1 Checking: Keybank account ending in 3266	\$12.09	•	\$12.09 100% of fair market value, up to		
account ending in 1904 Line from Schedule A/B: 17.1 Checking: Keybank account ending in 3266		_	100% of fair market value, up to		
Line from Schedule A/B: 17.1 Checking: Keybank account ending in 3266	\$56.00				
in 3266 ———	\$56.00		any applicable statutory illillit		
			\$56.00	Ohio Rev. Code Ann. § 2329.66(A)(18)	
			100% of fair market value, up to any applicable statutory limit	2020:00(: 1)(::0)	
Savings: Keybank account ending in	\$380.00 ■ \$380.00		\$380.00	Ohio Rev. Code Ann. § 2329.66(A)(18)	
Line from Schedule A/B: 17.4			100% of fair market value, up to any applicable statutory limit		
Checking: US Bank account ending	\$3.94		\$3.94	Ohio Rev. Code Ann. § 2329.66(A)(18)	
Line from Schedule A/B: 17.5			100% of fair market value, up to any applicable statutory limit	2020.00(15)(10)	
Checking: PNC account ending in	\$3.49		\$3.49	Ohio Rev. Code Ann. § 2329.66(A)(18)	
Line from Schedule A/B: 17.6			100% of fair market value, up to any applicable statutory limit	,	
Ferm Policy with employer Beneficiary: spouse	\$0.00		\$0.00	Ohio Rev. Code Ann. §§ 2329.66(A)(6)(c), 3917.05	
Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	2020:00(: 1)(0)(0); 00 :: 100	
Garnished Funds - Mariner Finanical ine from Schedule A/B: 35.1	\$1,636.00		\$1,636.00	Ohio Rev. Code Ann. § 2329.66(A)(18)	
			100% of fair market value, up to any applicable statutory limit	2020.00(7)(10)	

Fill in this infor	mation to identify you	r case:				
Debtor 1	Clarence Thoma	as				
	First Name		t Name			
Debtor 2	Tina L. Thomas					
(Spouse if, filing)	First Name	Middle Name Last	t Name			
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO				
Case number						
(if known)					☐ Che	ck if this is an
					ame	nded filing
Official For	m 106D					
Schedule	D: Creditors	Who Have Claims Sec	cure	d by Propert	У	12/15
	ne Additional Page, fill it o	If two married people are filing together, bo out, number the entries, and attach it to this				
•	,. s have claims secured by	vour property?				
	•	nis form to the court with your other sche	dules Y	ou have nothing else t	o report on this form	
_		,	daloo. I	ou have houring olde t		
	n all of the information I	below.				
Part 1: List A	All Secured Claims			Column A	Column B	Column C
		nore than one secured claim, list the creditor says a particular claim, list the other creditors in Pa		Amount of claim	Value of collateral	Unsecured
		cal order according to the creditor's name.	ait 2. A3	Do not deduct the	that supports this	portion
2.1 Bridgecr	ost	Describe the property that secures the cla	aim·	value of collateral. \$16.000.00	claim \$5,458.00	If any \$10,542.00
Creditor's Nar		2013 Kia Serento 93000 miles	aiii.	Ψ10,000.00	\$3,430.00	φ10,542.00
7300 Eas	t Hampton	2013 Kia Gerento 33000 fillies				
Avenue						
Suite 100)	As of the date you file, the claim is: Check apply.	all that			
Mesa, Az	Z 85209	Contingent				
Number, Stree	et, City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the d	lebt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as mortga	age or se	cured		
□ Debtor 2 only car loan)						
☐ Debtor 1 and □	Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic	c's lien)			
At least one of	the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this community d		Other (including a right to offset)				

Date debt was incurred

Last 4 digits of account number

Debtor 1 Clarence Thomas		C	Case number (if known)					
First Name Middle Name Last Name Debtor 2 Tina L. Thomas								
	Middle Name Last Name							
O O Huundai Matar Finance		l-i	¢20,000,00	¢42 248 00	¢46 702 00			
2.2 Hyundai Motor Finance Creditor's Name			\$29,000.00	\$12,218.00	\$16,782.00			
Attn: Bankruptcy	2019 Hyundai Sonata 9,252 m	illes						
Po Box 20829								
Fountain Valley, CA	As of the date you file, the claim is: C apply.	heck all that						
92728	Contingent							
Number, Street, City, State & Zip Co.								
Who owes the debt? Check one.	Disputed Nature of lien. Check all that apply.							
Debtor 1 only	☐ An agreement you made (such as m	ortagne or sec	rured					
Debtor 2 only	car loan)	origage or see	Juica					
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mech	nanic's lien)						
☐ At least one of the debtors and an		,						
☐ Check if this claim relates to a	Other (including a right to offset)							
community debt								
Opened	d							
11/19 L		- · · -						
Date debt was incurred Active	11/20 Last 4 digits of account number	er 2115						
On Main Financial	B		\$44.000.00	\$4,000,00	\$40.040.00			
2.3 OneMain Financial Creditor's Name	Describe the property that secures the 2009 Nissan Murano 176,899		\$11,329.00	\$1,289.00	\$10,040.00			
	2009 Nissaii Mulalio 170,099	IIIIes						
Attn: Bankruptcy	As of the data was file the plain in							
Po Box 3251	apply.	_ <u></u> '						
Evansville, IN 47731	Contingent							
Number, Street, City, State & Zip Co		Unliquidated						
Who owes the debt? Check one.	□ Disputed Nature of lien. Check all that apply.	Disputed Nature of lies. Check all that apply						
■ Debtor 1 only		☐ An agreement you made (such as mortgage or secured						
Debtor 2 only	car loan)							
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mech	nanic's lien)						
☐ At least one of the debtors and an								
☐ Check if this claim relates to a	☐ Other (including a right to offset)	· · ·						
community debt								
Opened	d							
03/19 L								
Active		or 0072						
Date debt was incurred 11/21/2	Last 4 digits of account number	er 0012						
Add the dollar value of your entri	es in Column A on this page. Write that number	er here:	\$56,329.00	\Box				
	m, add the dollar value totals from all pages.		\$56,329.00	1				
Write that number here:			400,020.00					
Part 2: List Others to Be Notif	fied for a Debt That You Already Listed							
trying to collect from you for a deb	ers to be notified about your bankruptcy for a t you owe to someone else, list the creditor in ots that you listed in Part 1, list the additional bmit this page.	Part 1, and th	hen list the collection agency	here. Similarly, if y	ou have more			
П								
Name, Number, Street, City, S		On which	ch line in Part 1 did you enter th	e creditor? 2.3				
CT Corporation System Agent/Register	III	laet⊿ d	digits of account number					
1300 East 9th Street		Last 4 (argino or account fluiliber					
Cleveland, OH 44114								

Debtor 1		Clarence Thomas	3		Case number (if known)
		First Name	Middle Name	Last Name	
Debto	_	Tina L. Thomas			
		First Name	Middle Name	Last Name	
	Hyı 316 Sui	ne, Number, Street, City, undai Capital Ame 61 Michelson Drive ite 1900 ine, CA 92612	erica, Inc		On which line in Part 1 did you enter the creditor?
	Hyı CE PO	ne, Number, Street, City, undai Motor Finan O Michael Bucking Box 20829 untain Valley, CA 9	ice Company gham		On which line in Part 1 did you enter the creditor? Last 4 digits of account number
	One CE 601	ne, Number, Street, City, ce Main Finanical O Doug Shulman I N.W. Second Stro ansville, IN 47708			On which line in Part 1 did you enter the creditor? 2.3 Last 4 digits of account number

		case:					
Debtor 1 C	larence Thomas	•					
	irst Name	Middle Name	Last Nam	ne			
Debtor 2 T	ina L. Thomas						
	irst Name	Middle Name	Last Nam	ne			
United States Bankru	ptcy Court for the:	SOUTHERN DISTRIC	CT OF OHIO				
Case number							
(if known)						☐ Check amend	if this is an ed filing
Be as complete and acc any executory contracts Schedule G: Executory Schedule D: Creditors V	urate as possible. Us s or unexpired leases Contracts and Unexp Vho Have Claims Sec	Tho Have Unse the Part 1 for creditors with that could result in a cla ired Leases (Official Fornured by Property. If more	h PRIORITY claims a im. Also list execute n 106G). Do not incl e space is needed, co	and Part 2 fo ory contractude any cre opy the Part	ts on Schedule A/B: P ditors with partially s t you need, fill it out, r	roperty (Official For ecured claims that a number the entries ir	m 106A/B) and on re listed in I the boxes on the
name and case number	(if known).	je. If you have no informa	ation to report in a P	art, do not f	ile that Part. On the to	op of any additional	pages, write your
	Your PRIORITY Un						
 Do any creditors had 	ave priority unsecure	d claims against you?					
☐ No. Go to Part 2.							
Yes.							
2. List all of your prio identify what type of possible, list the clai	rity unsecured claims claim it is. If a claim ha ms in alphabetical orde	s. If a creditor has more the as both priority and nonprice according to the creditor tricular claim, list the other	rity amounts, list that 's name. If you have r	claim here a	nd show both priority a	nd nonpriority amount	s. As much as
List all of your prio identify what type of possible, list the clai Part 1. If more than	rity unsecured claims claim it is. If a claim ha ms in alphabetical orde one creditor holds a pa	as both priority and nonprion or according to the creditor articular claim, list the other	rity amounts, list that 's name. If you have r creditors in Part 3.	claim here a nore than tw	nd show both priority a	nd nonpriority amount	s. As much as
List all of your prio identify what type of possible, list the clai Part 1. If more than	rity unsecured claims claim it is. If a claim ha ms in alphabetical orde one creditor holds a pa	as both priority and nonprion or according to the creditor	rity amounts, list that 's name. If you have r creditors in Part 3.	claim here a nore than tw	nd show both priority a	nd nonpriority amount	s. As much as
2. List all of your prior identify what type of possible, list the clair Part 1. If more than (For an explanation) 2.1 Columbus	rity unsecured claims claim it is. If a claim ha ms in alphabetical orde one creditor holds a pa of each type of claim, s	as both priority and nonprior according to the creditor articular claim, list the other see the instructions for this	rity amounts, list that 's name. If you have r creditors in Part 3.	claim here a nore than tw n booklet.)	and show both priority a priority unsecured cla	nd nonpriority amount aims, fill out the Contir	s. As much as nuation Page of Nonpriority amount
List all of your prio identify what type of possible, list the clai Part 1. If more than (For an explanation) Columbus (Priority Creditor)	rity unsecured claims claim it is. If a claim hams in alphabetical ordeone creditor holds a part of each type of claim, so city Income Tax is Name	as both priority and nonprior according to the creditor articular claim, list the other see the instructions for this Last 4 digits	rity amounts, list that is name. If you have recreditors in Part 3. form in the instruction s of account number	claim here a more than two hooklet.)	nd show both priority a o priority unsecured cla Total claim	nd nonpriority amount ims, fill out the Contin	s. As much as nuation Page of Nonpriority amount
2. List all of your prior identify what type of possible, list the clair Part 1. If more than (For an explanation) 2.1 Columbus Priority Creditor 77 North Fr	rity unsecured claims claim it is. If a claim hams in alphabetical ordeone creditor holds a part of each type of claim, something or the claim of each type of claim, something or the content of the content of the claim of the	as both priority and nonprior according to the creditor articular claim, list the other see the instructions for this Last 4 digits	rity amounts, list that is name. If you have recreditors in Part 3. form in the instruction	claim here a nore than tw n booklet.)	nd show both priority a o priority unsecured cla Total claim	nd nonpriority amount ims, fill out the Contin	s. As much as nuation Page of Nonpriority
2. List all of your prior identify what type of possible, list the clair Part 1. If more than (For an explanation) 2.1 Columbus Priority Creditor 77 North Frecolumbus,	rity unsecured claims claim it is. If a claim ha ms in alphabetical ordeone creditor holds a pa of each type of claim, so City Income Taxes Name ont Street OH 43215	as both priority and nonprior according to the creditor articular claim, list the other see the instructions for this Last 4 digits When was t	rity amounts, list that is name. If you have recreditors in Part 3. form in the instruction s of account number the debt incurred?	claim here a nore than two hooklet.)	nd show both priority a o priority unsecured class and claim \$553.00	nd nonpriority amount ims, fill out the Contin	s. As much as nuation Page of Nonpriority amount
2. List all of your prior identify what type of possible, list the clair Part 1. If more than (For an explanation) 2.1 Columbus Priority Creditor 77 North Frecolumbus,	rity unsecured claims claim it is. If a claim hams in alphabetical ordeone creditor holds a part of each type of claim, so city Income Tax is Name ont Street OH 43215 City State Zip Code	as both priority and nonprice according to the creditor inticular claim, list the other see the instructions for this Last 4 digits When was t	rity amounts, list that is name. If you have recreditors in Part 3. form in the instruction is of account number the debt incurred?	claim here a nore than two hooklet.)	nd show both priority a o priority unsecured class and claim \$553.00	nd nonpriority amount ims, fill out the Contin	s. As much as nuation Page of Nonpriority amount
List all of your prio identify what type of possible, list the clair Part 1. If more than (For an explanation) Columbus Priority Creditor 77 North Frecolumbus, Number Street	rity unsecured claims claim it is. If a claim hams in alphabetical ordeone creditor holds a part of each type of claim, so city Income Tax is Name ont Street OH 43215 City State Zip Code	as both priority and nonprior according to the creditor inticular claim, list the other see the instructions for this Last 4 digits When was t As of the da	rity amounts, list that is name. If you have recreditors in Part 3. form in the instruction of account number the debt incurred?	claim here a nore than two hooklet.)	nd show both priority a o priority unsecured class and claim \$553.00	nd nonpriority amount ims, fill out the Contin	s. As much as nuation Page of Nonpriority amount
2. List all of your prior identify what type of possible, list the clair Part 1. If more than of the control o	rity unsecured claims claim it is. If a claim hams in alphabetical ordeone creditor holds a part of each type of claim, so city Income Tax is Name ont Street OH 43215 City State Zip Code	as both priority and nonprior according to the creditor inticular claim, list the other see the instructions for this Last 4 digits When was t As of the da Continge Unliquida	rity amounts, list that is name. If you have recreditors in Part 3. form in the instruction is of account number the debt incurred?	claim here a nore than two hooklet.)	nd show both priority a o priority unsecured class and claim \$553.00	nd nonpriority amount ims, fill out the Contin	s. As much as nuation Page of Nonpriority amount
2. List all of your prioridentify what type of possible, list the clair Part 1. If more than of (For an explanation) 2.1 Columbus (Priority Creditor 77 North Frequency Number Street Who incurred the Debtor 1 only Debtor 2 only	rity unsecured claims claim it is. If a claim hams in alphabetical ordeone creditor holds a part of each type of claim, so city Income Tax is Name ont Street OH 43215 City State Zip Code debt? Check one.	as both priority and nonprice according to the creditor inticular claim, list the other see the instructions for this Last 4 digits When was t As of the da Continge Unliquida Disputed	rity amounts, list that is name. If you have recreditors in Part 3. form in the instruction is of account number the debt incurred?	claim here a nore than two hooklet.) 2019 n is: Check a	nd show both priority a o priority unsecured class and claim \$553.00	nd nonpriority amount ims, fill out the Contin	s. As much as nuation Page of Nonpriority amount
2. List all of your prioridentify what type of possible, list the clair Part 1. If more than of (For an explanation) 2.1 Columbus (Priority Creditor 77 North Fredumbus, Number Street Who incurred the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 1 a	rity unsecured claims claim it is. If a claim hams in alphabetical ordeone creditor holds a part of each type of claim, so city Income Tax is Name ont Street OH 43215 City State Zip Code debt? Check one.	as both priority and nonpriority and nonpriority and the creditor inticular claim, list the other see the instructions for this Last 4 digits When was t As of the da Continge Unliquida Disputed Type of PRI	rity amounts, list that is name. If you have recreditors in Part 3. form in the instruction is of account number the debt incurred?	claim here a nore than two hooklet.) 2019 n is: Check a	nd show both priority a o priority unsecured class and claim \$553.00	nd nonpriority amount ims, fill out the Contin	s. As much as nuation Page of Nonpriority amount
2. List all of your prioridentify what type of possible, list the clair Part 1. If more than of the content of	rity unsecured claims claim it is. If a claim hams in alphabetical ordeone creditor holds a part of each type of claim, so city Income Tax is Name ont Street OH 43215 City State Zip Code debt? Check one.	as both priority and nonprior according to the creditor inticular claim, list the other see the instructions for this Last 4 digits When was t As of the da Continge Unliquida Disputed Type of PRI Domestic	rity amounts, list that is name. If you have recreditors in Part 3. form in the instruction is of account number the debt incurred? In the you file, the claim interest of the count of th	claim here a nore than two hooklet.) 2019 a is: Check a aim:	nd show both priority a o priority unsecured class and claim \$553.00	nd nonpriority amount ims, fill out the Contin	s. As much as nuation Page of Nonpriority amount
2. List all of your prioridentify what type of possible, list the clair Part 1. If more than of the content of	rity unsecured claims claim it is. If a claim hams in alphabetical ordeone creditor holds a part of each type of claim, so city Income Tax is Name ont Street OH 43215 City State Zip Code debt? Check one.	as both priority and nonpriority and nonpriority and nonpriority and nonpriority and nonpriority and the creditor articular claim, list the other see the instructions for this Last 4 digits When was t As of the da Continge Unliquida Disputed Type of PRI Domestic	rity amounts, list that is name. If you have recreditors in Part 3. form in the instruction is of account number the debt incurred? In the claim into the debt incurred claim incurred	claim here a nore than two in booklet.) 2019 a is: Check a aim:	nd show both priority a o priority unsecured class o priority unsecured class of the state of th	nd nonpriority amount ims, fill out the Contin	s. As much as nuation Page of Nonpriority amount
2. List all of your prioridentify what type of possible, list the clair Part 1. If more than of the content of	rity unsecured claims claim it is. If a claim hams in alphabetical ordeone creditor holds a part of each type of claim, so city Income Tax is Name ont Street OH 43215 City State Zip Code debt? Check one.	as both priority and nonpriority and nonpriority and nonpriority and nonpriority and nonpriority and the creditor articular claim, list the other see the instructions for this Last 4 digits When was t As of the da Continge Unliquida Disputed Type of PRI Domestic	ority amounts, list that is name. If you have recreditors in Part 3. form in the instruction is of account number the debt incurred? Interpretate you file, the claim not account the count of the coun	claim here a nore than two in booklet.) 2019 a is: Check a aim:	nd show both priority a o priority unsecured class o priority unsecured class of the state of th	nd nonpriority amount ims, fill out the Contin	s. As much as nuation Page of Nonpriority amount

Case number (if known)

2.2		Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Priority Creditor's Name Centralized Insolvency Operation P.O. Box 7346	When was the debt incurred?			
	Philadelphia, PA 19101-7346 Number Street City State Zip Code	As of the date you file, the claim is: Check all that ap	ply		
	Who incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations			
	☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the governm	ent		
	Is the claim subject to offset?	☐ Claims for death or personal injury while you were in			
	■ No	Other. Specify			
	Yes				
2.3		Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Priority Creditor's Name Bankruptcy Division P.O. Box 530	When was the debt incurred?			
	Columbus, OH 43216				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that ap	ply		
	Debtor 1 only	☐ Contingent			
	_	☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	At least one of the debtors and another	☐ Domestic support obligations			
	☐ Check if this claim is for a community debt	Taxes and certain other debts you owe the government	ent		
	Is the claim subject to offset?	Claims for death or personal injury while you were in	ntoxicated		
	■ No	Other. Specify			
	☐ Yes				
	rt 2: List All of Your NONPRIORITY Unsecu				
3.	Do any creditors have nonpriority unsecured claim	ns against you?			
	☐ No. You have nothing to report in this part. Submit	this form to the court with your other schedules.			
	Yes.				
4.	unsecured claim, list the creditor separately for each c	e alphabetical order of the creditor who holds each clai laim. For each claim listed, identify what type of claim it is. creditors in Part 3.If you have more than three nonpriority	Do not list claims al	Iready included in Part	1. If more
				Total claim	

rotar olalin

Debte	or 2 Tina L. Thomas		Case number (if known)	
4.1	American Honda Finance	Last 4 digits of account number	2003	\$0.00
	Nonpriority Creditor's Name Attn: National Bankruptcy Center Po Box 166469 Irving, TX 75016	When was the debt incurred?	Opened 02/16 Last Active 01/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Automobile	9	
4.2	Capital One	Last 4 digits of account number	1016	\$407.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285	When was the debt incurred?	Opened 07/19 Last Active 12/12/20	
	Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.3	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	2815	\$73.00
	Attn: Bankruptcy		Opened 11/18 Last Active	
	Po Box 30285	When was the debt incurred?	12/20	
	Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		

Official Form 106 E/F

debt

■ No

☐ Yes

■ Other. Specify Credit Card

Type of NONPRIORITY unsecured claim:

 $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Disputed

☐ Student loans

report as priority claims

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

 $\hfill \square$ At least one of the debtors and another

 $\hfill\square$ Check if this claim is for a community

Debtor Debtor	Clarence Thomas Tina L. Thomas		Case number (if known)	
4.4	Credit One Bank	Last 4 digits of account number	1864	\$1,043.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873	When was the debt incurred?	Opened 08/18 Last Active 03/20	
	Las Vegas, NV 89193	When was the dest mounted.	03/20	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		

Type of NONPRIORITY unsecured claim:

 \square Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Disputed

☐ Student loans

report as priority claims

Yes	■ Other. Specify Collections	_
Diverse Funding Associates Nonpriority Creditor's Name	Last 4 digits of account number 9109	\$685.00
Attn: Bankruptcy	When was the debt incurred? Opened 8/01/20	
2351 North Forest Road, Ste 110 Getzville, NY 14068		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
■ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did no report as priority claims	ot
No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify 01 Indigo Mastercard	

Last 4 digits of account number 5396

Attn: Bankruptcy	When was the debt incurred?	Opened 11/19
8014 Bayberry Road		
Jacksonville, FL 32256		
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
■ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts
Yes	Other. Specify Collection	Attorney At T

4.6

\$522.00

Enhanced Recovery Company

Nonpriority Creditor's Name

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

■ No

☐ At least one of the debtors and another

☐ Check if this claim is for a community

Debtor 1	Clarence Thomas
Debtor 2	Tina I Thomas

Case number (if known)

Fed Loan Serv	Last 4 digits of account number	0004	\$71,193.00
•	W	Opened 07/17 Last Active	
Harrisburg, PA 17106	When was the debt incurred?	11/01/20	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	report as priority claims	,	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify		
	Educationa	ıl	
Fedloan	Last 4 digits of account number	0002	\$0.00
Nonpriority Creditor's Name	-		***
Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 9/28/10 Last Active 3/14/11	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify		
	Educationa	1	
Fedloan	Last 4 digits of account number	0001	\$0.00
Pob 60610	When was the debt incurred?	Opened 9/28/10 Last Active 3/14/11	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	• •	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
□Yes	Other. Specify		
	•	I	
	Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes FedIoan Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 3 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes FedIoan Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 1 bettor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes FedIoan Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No	Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt No Debtor 2 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim subject to offset? No Debts to pension or profit-sharin Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only	Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106 Munber Street City State 2 pip Code Contingent Uniquidated Disputed Type of NONPRIORITY unsecured claim: Student loans debt of a separation agreement or divorce that you did not report as priority Creditor's Name Pob 60610 Harrisburg, PA 17106 Marisburg, PA 17106 Mar

2 Tina L. Thomas		Case number (if known)	
Fingerhut	Last 4 digits of account number	8149	\$0.00
Nonpriority Creditor's Name Attn: Bankruptcy 6250 Ridgewood Road Saint Cloud, MN 56303	When was the debt incurred?	Opened 02/17 Last Active 02/18	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Charge Acc	count	
FinWise Bank/Opp Loans	Last 4 digits of account number	6818	\$1.286.00
Nonpriority Creditor's Name Attn: Bankruptcy 130 E Randolp St, Ste3400 Chicago, IL 60601	When was the debt incurred?	Opened 12/19 Last Active 03/20	• • •
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Unsecured		
Finwise Rise	Last 4 digits of account number	0654	\$0.00
Nonpriority Creditor's Name Attention Bankruptcy Po Box 679900 Dallas, TX 75267	When was the debt incurred?	Opened 07/19 Last Active 1/16/20	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	

☐ Yes

■ Other. Specify Unsecured

	or 2 Tina L. Thomas		Case number (if known)	
4.1 3	First Investors Financial Services	Last 4 digits of account number	0001	\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy 380 Interstate North Parkway, Suite 300	When was the debt incurred?	Opened 07/10 Last Active 1/18/16	
	Atlanta, GA 30399	Acceptation later on the discoultree		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharin		
	Yes	Other. Specify Automobile	9	
4.1 4	First Premier Bank	Last 4 digits of account number	4949	\$1,018.00
	Nonpriority Creditor's Name			
	Attn: Bankruptcy PO Box 5524	When was the debt incurred?	Opened 10/19 Last Active 12/19	
	Sioux Falls, SD 57117	When was the dept incurred:	12/13	
	Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	<u> </u>	
4.1				400-00
5	First Premier Bank Nonpriority Creditor's Name	Last 4 digits of account number	3214	\$697.00
	Atten: Bankruptcy PO Box 5524	When was the debt incurred?	Opened 07/18 Last Active 1/17/20	
	Sioux Falls, SD 57117 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.	yearno, mo olumi		
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	•			
	Debtor 1 and Debtor 2 only	☐ Disputed		

debt

■ No
□ Yes

■ Other. Specify Credit Card

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

 \square Check if this claim is for a community

Is the claim subject to offset?

or 2 Tina L. Thomas		Case number (if known)	
First Premier Bank	Last 4 digits of account number	4129	\$421
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Signary Follows CD 57447	When was the debt incurred?	Opened 06/19 Last Active 12/11/20	
Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
Genesis FS Card/Kay Jewelers	Last 4 digits of account number	0990	\$0
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 4477	When was the debt incurred?	Opened 7/28/13 Last Active 5/07/20	
Reaverton, OR 97076 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
KEMBA Financial Credit Union	Last 4 digits of account number	0100	\$0
Nonpriority Creditor's Name Attn: Bankruptcy		Opened 06/17 Last Active	
Po Box 307370 Gahanna, OH 43230 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim	07/20	
Who incurred the debt? Check one.	7.0 0. and date you me, the claim	ο. Οπουκ απιτιακ αρριγ	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	

☐ Yes

■ Other. Specify ______Unsecured

KEMBA Financial Credit Union	Last 4 digits of account number	0001	\$
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 307370 Gahanna, OH 43230	When was the debt incurred?	Opened 03/16 Last Active 03/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
_	Type of NONPRIORITY unsecured	d claim:	
At least one of the debtors and another	☐ Student loans	a diami.	
☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	iration agreement of divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	■ Other Specify Automobile	9	
Mariner Finance, LLC	Land districts of account complete	7114	\$7,68
Nonpriority Creditor's Name	Last 4 digits of account number		φ1,00
Attn: Bankruptcy 8211 Town Center Drive Nottingham, MD 21236	When was the debt incurred?	Opened 09/19 Last Active 03/20	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	·		
	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
At least one of the debtors and another	☐ Student loans	a diami.	
☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
_	Debts to pension or profit-sharin	a plane, and other similar debte	
■ No □ Yes	Other. Specify loan	g pians, and other similar debts	
Meade & Associates	Last 4 digits of account number	3098	
Nonpriority Creditor's Name Attn: Bankruptcy		Opened 8/15/16 Last Active	
737 Enterprise Dr	When was the debt incurred?	7/13/18	
Lewis Center, OH 43035			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
•	Type of NONPRIORITY unsecure	1.1.1	

debt

■ No
□ Yes

■ Other. Specify Medical

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

 $\hfill\square$ Check if this claim is for a community

Is the claim subject to offset?

Debtor 1	Clarence Thomas		
Debtor 2	Tina L. Thomas	Case number (if known)	

National Credit Adjusters, LLC	Last 4 digits of account number	0654	\$3,648.00
Nonpriority Creditor's Name 327 West 4th Avenue Po Box 3023 Hutchinson, KS 67504	When was the debt incurred?	Opened 05/20 Last Active 08/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	■ Other. Specify C/O Rise	company Account Finwise Bank	
National Credit Adjusters, LLC	Last 4 digits of account number	61FA	\$1,523.0
Nonpriority Creditor's Name 327 West 4th Avenue Po Box 3023 Hutchinson, KS 67504	When was the debt incurred?	Opened 08/20 Last Active 04/20	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	■ Other. Specify Factoring C	ompany Account Lead Bank	
Navient	Last 4 digits of account number	0928	\$0.00
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500	Last 4 digits of account number When was the debt incurred?	0928 Opened 09/09 Last Active 7/26/17	\$0.0
Nonpriority Creditor's Name Attn: Claims Dept		Opened 09/09 Last Active 7/26/17	\$0.0
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773	When was the debt incurred?	Opened 09/09 Last Active 7/26/17	\$0.0
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim i ☐ Contingent	Opened 09/09 Last Active 7/26/17	\$0.0
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773 Number Street City State Zip Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim i	Opened 09/09 Last Active 7/26/17	\$0.0
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only	When was the debt incurred? As of the date you file, the claim i Contingent Unliquidated Disputed	Opened 09/09 Last Active 7/26/17 s: Check all that apply	\$0.0
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	When was the debt incurred? As of the date you file, the claim i Contingent Unliquidated Disputed Type of NONPRIORITY unsecured	Opened 09/09 Last Active 7/26/17 s: Check all that apply	\$0.0
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	When was the debt incurred? As of the date you file, the claim i Contingent Unliquidated Disputed	Opened 09/09 Last Active 7/26/17 s: Check all that apply	\$0.0
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	When was the debt incurred? As of the date you file, the claim i Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a sepa	Opened 09/09 Last Active 7/26/17 s: Check all that apply	\$0.0
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community	When was the debt incurred? As of the date you file, the claim i Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans	Opened 09/09 Last Active 7/26/17 s: Check all that apply I claim:	\$0.0

Debt	or 2 Tina L. Thomas		Case number (if known)	
4.2 5	Navient	Last 4 digits of account number	0928	\$0.00
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773	When was the debt incurred?	Opened 09/09 Last Acti 7/26/17	ve
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed	Lalaine	
	At least one of the debtors and another	Type of NONPRIORITY unsecured	i ciaim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that yo	ou did not
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	☐ Other. Specify		
		Educationa	I	
4.2 6	Navient	Last 4 digits of account number	0928	\$0.00
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773	When was the debt incurred?	Opened 09/10 Last Acti 7/26/17	ve
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	\square Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that yo	ou did not
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	Other. Specify		
		Educationa	I	
4.2				
7	Navient	Last 4 digits of account number	0928	\$0.00
	Nonpriority Creditor's Name Attn: Claims Dept		Opened 09/10 Last Acti	ve
	Po Box 9500	When was the debt incurred?	7/26/17	
	Wilkes-Barr, PA 19773 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa	ration agreement or divorce that yo	ou did not

■ No

☐ Yes

☐ Other. Specify

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

		Case number (if known)	
Navient	Last 4 digits of account number	0824	
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773	When was the debt incurred?	Opened 08/11 Last Active 7/26/17	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify		
	Educationa		
Navient	Last 4 digits of account number	0824	
Nonpriority Creditor's Name	_		
Po Box 9635 Wilkes Barre, PA 18773	When was the debt incurred?	Opened 08/11 Last Active 7/26/17	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify		
	Educationa	 N	
Navient	Last 4 digits of account number	0501	
Nonpriority Creditor's Name	_	0	
Attn: Claims Dept Po Box 9500	When was the debt incurred?	Opened 05/12 Last Active 7/26/17	
Wilkes-Barr, PA 19773	Wilen was the dept incurred?	1120/11	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	Type of NONPRIORITY unsecure		

debt

■ No

☐ Yes

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

Student loans

 \square Other. Specify

 $\hfill\Box$ Check if this claim is for a community

Is the claim subject to offset?

	or 1 Clarence Thomas or 2 Tina L. Thomas		Case number (if known)	
4.3 1	Navient	Last 4 digits of account number	0626	\$0.00
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Willos Barr, BA 19773	When was the debt incurred?	Opened 06/12 Last Active 7/26/17	
	Wilkes-Barr, PA 19773 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	rration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify		
	163	Educationa		
4.3	Navient	Last 4 digits of account number	1002	\$0.00
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773	When was the debt incurred?	Opened 10/12 Last Active 7/26/17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	☐ Other. Specify		
		Educationa	ıl	
4.3	Navient	Last 4 digits of account number	1002	\$0.00
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500	When was the debt incurred?	Opened 10/12 Last Active 7/26/17	
	Wilkes-Barr, PA 19773 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
		☐ Unliquidated		
	☐ Debtor 2 and Debtor 3 ank	☐ Disputed		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:	
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	

☐ Yes

Educational

☐ Other. Specify

	or 1 Clarence Thomas or 2 Tina L. Thomas		Case number (if known)	
4.3	Navient	Last 4 digits of account number	0729	\$0.00
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773	When was the debt incurred?	Opened 07/13 Last Active 7/26/17	
	Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify		
		Educationa	l	
4.3 5	Navient	Last 4 digits of account number	0729	\$0.00
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773	When was the debt incurred?	Opened 07/13 Last Active 7/26/17	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	Other. Specify		
		Educationa	l	
4.3 6	Navient	Last 4 digits of account number	0616	\$0.00
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500	When was the debt incurred?	Opened 06/14 Last Active 7/26/17	
	Wilkes-Barr, PA 19773 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	Don't		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim.	
	At least one of the debtors and another		a ciaiiii.	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	□ Obligations arising out of a separe report as priority claims	ration agreement or divorce that you did not	

■ No

☐ Yes

☐ Other. Specify

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

2 Tina L. Thomas		Case number (if known)	
Navient	Last 4 digits of account number	0616	\$
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500	When was the debt incurred?	Opened 06/14 Last Active 7/26/17	
Wilkes-Barr, PA 19773 Number Street City State Zip Code	As of the date you file, the claim		
Who incurred the debt? Check one.	Пол		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed	Lateta	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	☐ Other. Specify		
	Educationa	ıl	
Navient	Last 4 digits of account number	0622	\$
Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500	When was the debt incurred?	Opened 06/15 Last Active 7/26/17	
Wilkes-Barr, PA 19773 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that annly	
Who incurred the debt? Check one.	no or the date year me, the claim	o. Oncok an mat appry	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt	Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Other. Specify		
	Educationa	ıl	
Navient	Last 4 digits of account number	3200	\$
Nonpriority Creditor's Name Attn: Bankruptcy	Miles and a late to a 16	Opened 9/08/06 Last Active	
Po Box 9640 Wilkes Barre, PA 18773	When was the debt incurred?	8/15/13	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is far a community	Student loans		

debt

■ No

☐ Yes

☐ Other. Specify

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

☐ Check if this claim is for a community

Is the claim subject to offset?

	or 1 Clarence Thomas or 2 Tina L. Thomas		Case number (if known)	
.4	Navient	Last 4 digits of account number	2200	\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9640 Wilkey Boxes BA 19773	When was the debt incurred?	Opened 9/09/05 Last Active 8/15/13	
	Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	rration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other Specify		
		Educationa		
4	Navient	Last 4 digits of account number	1200	\$0.0
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9640 Wilkes Barro BA 18773	When was the debt incurred?	Opened 10/21/04 Last Active 8/15/13	
	Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify		
		Educationa	ıl	
4	Ncd Financial Llc	Last 4 digits of account number	7871	\$0.0
	Nonpriority Creditor's Name 8001 Forbes PI Springfield, VA 22151	When was the debt incurred?	Opened 06/10 Last Active 04/12	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	

☐ Yes

■ Other. Specify Charge Account

Debto Debto	or 1 Clarence Thomas Tina L. Thomas		Case number (if known)			
4.4	NCP Finance	Last 4 digits of account number	5677	\$0.00		
	Nonpriority Creditor's Name Attn: Bankruptcy 205 Sugar Camp Circle Dayton, OH 45409	When was the debt incurred?	Opened 09/18 Last Active 2/09/19			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Unsecured				
4.4	NCP Finance	Last 4 digits of account number	6391	\$0.00		
	Nonpriority Creditor's Name Attn: Bankruptcy 205 Sugar Camp Circle Dayton, OH 45409	When was the debt incurred?	Opened 11/19 Last Active 11/30/19			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Unsecured				
4.4 5	NCP Finance	Last 4 digits of account number	3752	\$0.00		
	Nonpriority Creditor's Name Attn: Bankruptcy	_	Opened 03/40 Lept Active			
	205 Sugar Camp Circle Dayton, OH 45409	When was the debt incurred?	Opened 03/19 Last Active 11/18/19			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			

■ No ☐ Yes

■ Other. Specify Unsecured

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Debte Debte	or 1 Clarence Thomas or 2 Tina L. Thomas		Case number (if known)	
4.4 6	Nelnet	Last 4 digits of account number	9149	\$4,925.00
	Nonpriority Creditor's Name Attn: Bankruptcy Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened 09/07 Last Active 08/20	_
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	t
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify		_
		Educationa	I	
4.4 7	Nelnet	Last 4 digits of account number	9049	\$3,402.00
	Nonpriority Creditor's Name Attn: Bankruptcy Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened 09/08 Last Active 08/20	_
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community debt	■ Student loans □ Obligations arising out of a sepa	ration agreement or divorce that you did not	i e
	Is the claim subject to offset?	report as priority claims	,	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	Other. Specify		_
		Educationa	<u>I</u>	
4.4 8	Nelnet	Last 4 digits of account number	8849	\$2,241.00
	Nonpriority Creditor's Name Attn: Bankruptcy Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened 09/07 Last Active 08/20	_
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	t

■ No

☐ Yes

☐ Other. Specify _

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

Debto Debto	or 1 Clarence Thomas or 2 Tina L. Thomas		Case number (if known)	
4.4 9	Nelnet	Last 4 digits of account number	8749	\$2,069.00
	Nonpriority Creditor's Name Attn: Bankruptcy Claims Po Box 82505	When was the debt incurred?	Opened 09/06 Last Active 08/20	
	Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	eration agreement or divorce that you did not	
	■ _{No}	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	☐ Other. Specify		
	= 166	Educationa		
4.5 0	NeInet Nonpriority Creditor's Name	Last 4 digits of account number	9249	\$1,854.00
	Attn: Bankruptcy Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened 10/04 Last Active 08/20	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	At least one of the debtors and another		a Ciaiiii.	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify		
		Educationa	<u> </u>	
4.5 1	Nelnet	Last 4 digits of account number	8949	\$1,223.00
	Nonpriority Creditor's Name Attn: Bankruptcy Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened 09/05 Last Active 08/20	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	

■ No

☐ Yes

☐ Other. Specify

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

		· · · · · · · · · · · · · · · · · · ·	
PNC/Great Lakes Higher Education	Last 4 digits of account number	8877	
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 7860 Madison, WI 53707	When was the debt incurred?	Opened 9/20/07 Last Active 09/16	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify		
	Educationa		
Portfolio Recovery	Last 4 digits of account number		\$1,07
Nonpriority Creditor's Name Attn: Bankruptcy 120 Corporate Blvd Norfolk, VA 23502	When was the debt incurred?	Opened 11/14 Last Active 6/23/17	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	a plane, and other similar debte	
No	Debts to pension or profit-sharing	Company Account Synchrony	
☐ Yes	■ Other. Specify Bank	——————————————————————————————————————	
Synchrony Bank/ JC Penneys	Last 4 digits of account number	4797	9
Nonpriority Creditor's Name	Last 4 digits of account number		
Attn: Bankruptcy		Opened 05/13 Last Active	
Po Box 965064	When was the debt incurred?	3/14/19	
Orlando, FL 32896 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.		- Linear Supply	
■ -	☐ Contingent		
Debtor 1 only			

Part 3: List Others to Be Notified About a Debt That You Already Listed

debt

■ No
□ Yes

Type of NONPRIORITY unsecured claim:

■ Other. Specify Charge Account

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

☐ Disputed

☐ Student loans

report as priority claims

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

 \square Check if this claim is for a community

Debtor 1 C Debtor 2 T				Case nu	ımber (if kn	own)	
is trying to have more	collect fro	m you for a debt you owe reditor for any of the deb	ified about your bankruptcy, for a debt to to someone else, list the original credit to that you listed in Parts 1 or 2, list the I out or submit this page.	or in Parts 1	or 2, then I	ist the collection agency he	re. Similarly, if you
Name and Ad	ldress		On which entry in Part 1 or Part 2 did	you list the o	riginal credi	itor?	
-		Tax Division	Line 2.1 of (Check one):	Part 1: 0	Creditors w	ith Priority Unsecured Claims	
PO Box 18		140		☐ Part 2: 0	Creditors w	ith Nonpriority Unsecured Clai	ms
Columbus	s, UH 432	218	Last 4 digits of account number				
Name and Ad	ldress		On which entry in Part 1 or Part 2 did	d you list the o	riginal credi	itor?	
Dylan M. E	Booth		Line 4.20 of (<i>Check one</i>):	☐ Part 1: 0	Creditors wi	th Priority Unsecured Claims	
600 South				Part 2: 0	Creditors w	ith Nonpriority Unsecured Clai	ms
Columbus	s, OH 432	206	Last 4 digits of account number	XX	сххх		
Name and Ad	ldress		On which entry in Part 1 or Part 2 did	d you list the o	riginal credi	itor?	
		unicipal Court	Line 4.20 of (<i>Check one</i>):	☐ Part 1: 0	Creditors w	th Priority Unsecured Claims	
Clerk of C 375 South	High St	reet		Part 2: 0	Creditors w	ith Nonpriority Unsecured Clai	ms
Columbus	s, OH 432	215	Last 4 digits of account number	XX	кххх		
Part 4: A	dd the Ai	mounts for Each Type	of Unsecured Claim				
	mounts of	certain types of unsecure	ed claims. This information is for statistic	cal reporting	purposes	only. 28 U.S.C. §159. Add the	e amounts for each
· ·						Total Claim	
Total	6a.	Domestic support oblig	ations	6a.	\$	0.00	
claims from Part 1	6h	Taxas and cartain athar	dobte you awa the government	6h	Ф.	550.00	
IIOIII Fait I	6b. 6c.		debts you owe the government sonal injury while you were intoxicated	6b. 6c.	\$	553.00 0.00	
	6d.	·	ity unsecured claims. Write that amount he		\$ 	0.00	
		•	,		·		
	6e.	Total Priority. Add lines	6a through 6d.	6e.	\$	553.00	
	6f.	Student loans		6f.	\$	Total Claim 86,907.00	
Total	Oi.	Gradoni Iodno		Oi.	Ψ	80,907.00	
claims	0	Oblinations substance to		_4			
from Part 2	6g.	Obligations arising out you did not report as pr	of a separation agreement or divorce the riority claims	at 6g.	\$	0.00	
	6h.		ofit-sharing plans, and other similar debt	s 6h.	\$	0.00	
	6i.	Other. Add all other nonp	priority unsecured claims. Write that amount	t 6i.	\$	20,078.00	

here.

Total Nonpriority. Add lines 6f through 6i.

106,985.00

Fill in this inforr	nation to identify your	case:		
Debtor 1	Clarence Thomas	.		
	First Name	Middle Name	Last Name	
Debtor 2	Tina L. Thomas			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number _				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	,				
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				<u> </u>
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5	- 117		<u> </u>	2 0000	
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

Fill in this in	formation to identify your	case:			1
Debtor 1	Clarence Thomas				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	Tina L. Thomas First Name	Middle Name	Last Name		
(Spouse II, IIIIIIg)	Filst Name				
United States	s Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case numbe	r				
(if known)					Check if this is an
					amended filing
Official	Form 106H				
	lle H: Your Cod	ehtors			12/15
ocneac	iic II. Tour oou				12/13
people are fil fill it out, and your name a	ling together, both are equ I number the entries in the nd case number (if known)	ally responsible for supposes on the left. Attack . Answer every question	olying correct information the Additional Page to l.	on. If more space is this page. On the to	rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write
1. Do yo	u have any codebtors? (If	you are filing a joint case,	do not list either spouse a	as a codeptor.	
□ No ■ Yes					
	n the last 8 years, have you California, Idaho, Louisiana,				rty states and territories include)
■ No. G	o to line 3.				
_	Did your spouse, former spou	use, or legal equivalent live	e with you at the time?		
in line 2	again as a codebtor only i	f that person is a guaran	ntor or cosigner. Make s	ure you have listed	ng with you. List the person shown the creditor on Schedule D (Officia , Schedule E/F, or Schedule G to fi
	blumn 1: Your codebtor me, Number, Street, City, State and ZI	P Code		Column 2: The ci	reditor to whom you owe the debt les that apply:
13 Co	essicia Huston 29 Country Club Road Dlumbus, OH 43227 Bughter - co-signed on R	Kia		■ Schedule D, □ Schedule E/F □ Schedule G Bridgecrest	-, line

Schedule H: Your Codebtors

Eill	in this information t	to identify your or	200:								
	btor 1	Clarence Th									
	btor 2	Tina L. Thon				_					
	,	otcy Court for the	: SOUTHERN DISTRIC	T OF OHIO							
Ca	se number	,					□ A		nt showir	ng postpetition	chapter
\cap	fficial Form	1061					1	3 income a	as of the f	following date:	
	fficial Form chedule I:		omo				N	1M / DD/ Y	YYY		12/15
Be a sup spo atta	as complete and a plying correct infouse. If you are seport a separate she	occurate as poss ormation. If you parated and you	sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly, and your s th you, do not inclu	spouse i de infori	s liv natio	ing with on abou	you, inclu your spo	ude infor use. If m	mation about ore space is	ible for your needed,
1.	Fill in your empl	• •		Debtor 1				Dobtor 2	ar nan f	iling analias	
information. If you have more than one jo		than one job		■ Employed				Debtor 2 or non-filing spouse ☐ Employed			
	attach a separate	page with	Employment status	☐ Not employed	_ ' '			■ Not e			
	employers.	t additional	Occupation	Mail carrier							
	Include part-time, self-employed wo		Employer's name	United Postal S	ervice						
	Occupation may or homemaker, if		Employer's address	260 S State St Westerville, OH	43081						
			How long employed ti	nere? 5.5 yea	rs			_			
Esti spo	imate monthly incouse unless you are	spouse have mo	ate you file this form. If your than one employer, co	-						-	-
							For Del	otor 1		ebtor 2 or ling spouse	
2.			ry, and commissions (be calculate what the monthly		2.	\$	5	,470.83	\$	0.00	
3.	Estimate and lis	t monthly overti	ime pay.		3.	+\$		0.00	+\$	0.00	
4.	Calculate gross	Income. Add lin	ne 2 + line 3.		4.	\$	5,4	70.83	\$	0.00	

Case number (if known)

				F	For I	Debtor 1		For Debtor		
	Copy	y line 4 here	4.	3	\$	5,470.83		\$	0.00	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	9	\$	671.67		\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.			0.00	-	\$	0.00	_
	5c.	Voluntary contributions for retirement plans	5c.	9	\$	0.00	-	\$	0.00	_
	5d.	Required repayments of retirement fund loans	5d.	9	\$	0.00	-	\$	0.00	-
	5e.	Insurance	5e.	9	\$	442.00	-	\$	0.00	=
	5f.	Domestic support obligations	5f.	9	\$	0.00	-	\$	0.00	_
	5g.	Union dues	5g.	9	\$	0.00	-	\$	0.00	_
	5h.	Other deductions. Specify:	5h	+ \$	\$	0.00	+	\$	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	S	1,113.67	-	\$	0.00	_
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	S	4,357.16	-	\$	0.00	_
8.	List a 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	9	\$	0.00	,	\$	0.00	
	8b.	Interest and dividends	8b.	9	\$	0.00	- ;	\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	9	\$	0.00	-	\$	0.00	_
	8d.	Unemployment compensation	8d.	9	\$	0.00	-	\$	0.00	_
	8e.	Social Security	8e.	9	\$	0.00		\$	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00		\$	0.00	
	8g.	Pension or retirement income	8g.	9	\$	0.00		\$	0.00	
	8h.	Other monthly income. Specify:	8h	+ \$	\$	0.00	+	\$	0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00		\$	0.00	0
10.	Calc	ulate monthly income. Add line 7 + line 9.	10. \$	 5	4	,357.16 + \$		0.00	= \$	4,357.16
	Add t	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				·				,
11.	Inclu- other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your refriends or relatives. or include any amounts already included in lines 2-10 or amounts that are not cify:	deper					in Schedule	e <i>J</i> . 	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines							\$	4,357.16
									Combin	
13.	Do y	ou expect an increase or decrease within the year after you file this form	?						monthi	y income
		No								
		Yes. Explain:								

Fill	in this information to identify	your case:					
Deb	otor 1 Clarence	homas			Chec	k if this is:	
1	otor 2 Tina L. The	omas				An amended filing A supplement shov 13 expenses as of	ving postpetition chapter the following date:
Unit	ted States Bankruptcy Court for	he: SOUTH	HERN DISTRICT OF OHIO		<u>-</u>	MM / DD / YYYY	
	se number						
1	(nown)						
0	fficial Form 106	<u> </u>					
S	chedule J: You	Exper	nses				12/15
info	as complete and accurate ormation. If more space is mber (if known). Answer e	needed, atta	ch another sheet to this				
Par	Describe Your Houles this a joint case?	sehold					
	☐ No. Go to line 2.						
	Yes. Does Debtor 2 liv	e in a separ	ate household?				
	■ No □ Yes. Debtor 2 n	nust file Offic	ial Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Debte	or 2.	
2.	Do you have dependents	? □ No					
	Do not list Debtor 1 and Debtor 2.	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents names.			Daughter		30	Yes
							□ No
							☐ Yes ☐ No
							☐ Yes
							□ No
							☐ Yes
3.	Do your expenses include expenses of people other yourself and your depen	r than	No Yes				
Est	t 2: Estimate Your Ong timate your expenses as of penses as of a date after the plicable date.	your bankr	uptcy filing date unless y				
the	lude expenses paid for wit value of such assistance ficial Form 106l.)					Your expe	enses
4.	The rental or home owner payments and any rent for		nses for your residence. In	nclude first mortgag	e 4. \$		880.00
	If not included in line 4:						
	4a. Real estate taxes				4a. \$		0.00
	4b. Property, homeown	er's, or renter	's insurance		4a. \$ 4b. \$		15.00
	4c. Home maintenance				4c. \$		30.00
	4d. Homeowner's assoc				4d. \$		0.00
5.	Additional mortgage pay	ments for ye	our residence, such as ho	me equity loans	5. \$		0.00

ebtor 1 Clarence Thomas ebtor 2 Tina L. Thomas	Case num	ber (if known)	
. Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	205.00
6b. Water, sewer, garbage collection	6b.	\$	150.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	310.00
6d. Other. Specify: cable/internet	6d.	\$	115.00
Food and housekeeping supplies	7.	\$	615.00
Childcare and children's education costs	8.	\$	0.00
Clothing, laundry, and dry cleaning	9.	\$	60.00
Personal care products and services	10.	\$	65.00
Medical and dental expenses	11.	\$	230.00
Transportation. Include gas, maintenance, bus or train fare.		· -	
Do not include car payments.	12.	\$	290.00
Entertainment, clubs, recreation, newspapers, magazines, and books		\$	75.00
Charitable contributions and religious donations	14.	\$	400.00
Insurance.			
Do not include insurance deducted from your pay or included in lines 4 or 20.		•	
15a. Life insurance	15a.	·	0.00
15b. Health insurance	15b.	· -	0.00
15c. Vehicle insurance	15c.	*	218.00
15d. Other insurance. Specify:	15d.	\$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
Installment or lease payments:	170	¢	0.00
17a. Car payments for Vehicle 1	17a.	·	0.00
17b. Car payments for Vehicle 2	17b.	·	0.00
17c. Other. Specify:	17c.	· ·	0.00
17d. Other. Specify:	17d.	>	0.00
Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
Other payments you make to support others who do not live with you.		\$	0.00
Specify:	19.	<u> </u>	0.00
Other real property expenses not included in lines 4 or 5 of this form or on Scho		our Income.	
20a. Mortgages on other property	20a.		0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowner's association or condominium dues	20e.	\$	0.00
Other: Specify:	21.	+\$	0.00
Calculate your monthly expenses			• • • • • • • • • • • • • • • • • • • •
22a. Add lines 4 through 21.		\$	3,658.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	3,658.00
Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		4,357.16
23b. Copy your monthly expenses from line 22c above.	23b.	-\$	3,658.00
23c. Subtract your monthly expenses from your monthly income.	23c.	\$	699.16
The result is your <i>monthly net income</i> .			330110
. Do you expect an increase or decrease in your expenses within the year after you for example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage?			or decrease because of a
■ No			

Explain here: Wife has several medical conditions and is unable to work.

☐ Yes.

Fill in this i	information to identify your	case:		
Debtor 1	Clarence Thomas			
	First Name	Middle Name	Last Name	
Debtor 2	Tina L. Thomas			
(Spouse if, filing	g) First Name	Middle Name	Last Name	
United State	es Bankruptcy Court for the:	SOUTHERN DISTRIC	T OF OHIO	
Case number	er			
(if known)				☐ Check if this is an amended filing
f two marrie You must file obtaining m	ed people are filing together le this form whenever you fil	r, both are equally resp le bankruptcy schedule n connection with a bar		
	Sign Below			
Did yo	ou pay or agree to pay some	one who is NOT an atto	orney to help you fill out bankı	uptcy forms?
■ N	lo			
□ Y	es. Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that the X <u>/s/</u> Cla	penalty of perjury, I declare ey are true and correct. Clarence Thomas arence Thomas gnature of Debtor 1	that I have read the sur	X /s/ Tina L. Tho Tina L. Thoma Signature of Debt	mas s
Dat	te January 18, 2021		Date January	18, 2021

Fill i	n this inforr	nation to identify you	r case:						
Debt		Clarence Thoma							
		First Name	Middle Name	Last Name					
Debt (Spou	tor 2 se if, filing)	Tina L. Thomas	Middle Name	Last Name					
		nkruptcy Court for the:	SOUTHERN DISTRICT C						
		. ,							
(if kno	e number 					heck if this is an mended filing			
~ ′′	–	407			<u> </u>	-			
	<u>icial Fo</u> tement		Affairs for Individ	duals Filing for B	ankruptcy	4/19			
Be as	s complete a	and accurate as possi	ible. If two married people a	are filing together, both are	equally responsible for supp	olying correct			
		ore space is needed, n). Answer every que		this form. On the top of any	y additional pages, write you	r name and case			
Part	1: Give D	Details About Your Ma	arital Status and Where You	Lived Before					
1. \	What is you	r current marital statu	ıs?						
 	■ Married □ Not mai								
2. I	During the I	ast 3 years, have you	lived anywhere other than	where you live now?					
	_		•	•					
ļ	■ No □ Yes. Lis	s. List all of the places you lived in the last 3 years. Do not include where you live now.							
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
					ity property state or territory				
	■ No								
ĺ	_	ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	fficial Form 106H).					
Part	2 Explai	in the Sources of You	r Income						
	•								
I	Fill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		dar years?			
	□ No								
i	_	I in the details.							
			Debtor 1		Debtor 2				
			Sources of income	Gross income	Sources of income	Gross income			
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)			
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$2,587.00	☐ Wages, commissions, bonuses, tips	\$0.00			
			☐ Operating a business		☐ Operating a business				

Official Form 107

Debtor 1	Clarence Thomas		
Debtor 2	Tina L. Thomas	Case number (if known)	

	Debtor 1		Debtor 2			
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)		
For last calendar year: (January 1 to December 31, 2020)	■ Wages, commissions, bonuses, tips \$59,035.94		■ Wages, commissions, bonuses, tips	\$23,422.97		
	☐ Operating a business		☐ Operating a business			
	■ Wages, commissions, bonuses, tips	\$59,035.00	■ Wages, commissions, bonuses, tips	\$23,442.00		
	☐ Operating a business		☐ Operating a business			
For the calendar year before that: (January 1 to December 31, 2019)	■ Wages, commissions, bonuses, tips	\$55,623.00	■ Wages, commissions, bonuses, tips	\$24,055.00		
	☐ Operating a business		☐ Operating a business			

Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

Nο

☐ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

- Are either Debtor 1's or Debtor 2's debts primarily consumer debts?
 - Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

 \square No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

- * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.
- Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for ... still owe naid

	btor 1 Clarence Thomas btor 2 Tina L. Thomas		Cas	e number (if kn	own)		
7.	Within 1 year before you filed for bankru Insiders include your relatives; any general of which you are an officer, director, persor a business you operate as a sole proprieto alimony.	partners; relatives of any gen in control, or owner of 20% o	eral partners; partners r more of their voting	erships of whic g securities; ar	h you are a generand any managing a	al partner; corporations gent, including one for	
	■ No						
	☐ Yes. List all payments to an insider.						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount yo still ow		this payment	
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.						
	■ No□ Yes. List all payments to an insider						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount yo		this payment litor's name	
Par	rt 4: Identify Legal Actions, Repossess	sions, and Foreclosures					
9.	Within 1 year before you filed for bankru List all such matters, including personal inj modifications, and contract disputes.						
	□ No■ Yes. Fill in the details.						
	Case title Case number	Nature of the case	Nature of the case		Status of th	ne case	
	Mariner Finance LLC v. Clarence Thomas 2020CVF016137	Collection	Franklin County Municipal Court Clerk of Court 3rd Floor 375 South High Street Columbus, OH 43215		☐ Pending ☐ On appe ☐ Conclud	eal ed	
	Portfolio Recovery v. Clarence			☐ Pending			
	Thomas 2015 CVF 030166		Court Clerk of Court 3rd Floor 375 South High Street Columbus, OH 43215		☐ On appe		
					Conclud		
					Judgment		
10.	Within 1 year before you filed for bankru Check all that apply and fill in the details be		erty repossessed, f	oreclosed, ga	rnished, attached	d, seized, or levied?	
	No. Go to line 11.						
	Yes. Fill in the information below.	Describe the Drenerty			anto.	Value of the	
	Creditor Name and Address	Describe the Property	_	b	ate	property	
	Mariner Finance, LLC	Explain what happened loan	1	D	ec 2020 and	\$1,089.00	
	Attn: Bankruptcy 8211 Town Center Drive Nottingham, MD 21236	☐ Property was reposse☐ Property was foreclos	sed.	Jan essed.		ψ1,903.00	
		■ Property was garnishe					
		☐ Property was attached	d, seized or levied.				

Debto Debto			Case number	(if known)	
a	ccounts or refuse to make a payment		, did any creditor, including a bank or financial in e you owed a debt?	stitution, set off any a	amounts from your
_	_				
	Yes. Fill in the details.				
C	Creditor Name and Address	D	escribe the action the creditor took	Date action was taken	Amount
	/ithin 1 year before you filed for bankr ourt-appointed receiver, a custodian, o		was any of your property in the possession of an her official?	assignee for the bene	efit of creditors, a
	No				
] Yes				
Part 5	List Certain Gifts and Contributio	ns			
3. W	/ithin 2 years before you filed for bank	ruptcy,	did you give any gifts with a total value of more	han \$600 per person	?
	No				
				_	
	Gifts with a total value of more than \$6 per person	00	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:	d			
14. W	_	ruptcy,	did you give any gifts or contributions with a tot	al value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or	contribu	ution.		
n	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co		Describe what you contributed	Dates you contributed	Value
N 3	New Hope Pentecostal Church 380 Gilbert Street Columbus, OH 43205		Tithes 10% of income	monthly	\$400.00
_					
Part 6	List Certain Losses				
	/ithin 1 year before you filed for bankr r gambling?	uptcy o	or since you filed for bankruptcy, did you lose any	thing because of the	it, fire, other disaster
	Yes. Fill in the details.				
	Describe the property you lost and	Desc	ribe any insurance coverage for the loss	Date of your	Value of property
	now the loss occurred	Includ	the the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property.	loss	lost
Dort 7	List Certain Payments or Transfe				
Part 7	•				
C	onsulted about seeking bankruptcy or	prepar	did you or anyone else acting on your behalf pay ring a bankruptcy petition? ers, or credit counseling agencies for services require		rty to anyone you
] No				
	Yes. Fill in the details.				
A	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was	Amount of payment
	Email or website address Person Who Made the Payment, if Not	You		made	

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and variansferred	alue of any property		Date payment or transfer was made	Amount of payment
	Amourgis & Associates 3200 W. Market St. Suite 106 Akron, OH 44333 bk_department@amourgis.com	Attorney Fees \$	500			\$500.00
17.	Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or not include any payment or transfer that you list	or to make payments		nalf pay or	transfer any proper	ty to anyone who
	■ No □ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and variansferred	alue of any property		Date payment or transfer was made	Amount of payment
	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already list No Yes. Fill in the details.	ness or financial affa as security (such as the	irs? he granting of a securi			
	Person Who Received Transfer Address Person's relationship to you	Description and voproperty transferr	ed p		ny property or eceived or debts mange	Date transfer was made
Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a beneficiary? (These are often called asset-protection devices.) ■ No □ Yes. Fill in the details.				settled trus	t or similar device o	of which you are a
	Name of trust	Description and va	alue of the property t	transferred	i	Date Transfer was made
Par	List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and Storage	Units		
20.	Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associated No Yes. Fill in the details.	ther financial accour	nts; certificates of de	•	, ,	,
		ast 4 digits of ccount number	Type of account or instrument	close	account was ed, sold, ed, or sferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 year cash, or other valuables? No	r before you filed for	bankruptcy, any safe	e deposit k	oox or other deposit	tory for securities,
	Yes. Fill in the details. Name of Financial Institution	Who else had acc		ribe the co	ontents	Do you still
	Address (Number, Street, City, State and ZIP Code)	Address (Number, State and ZIP Code)	treet, City,			have it?

22.	Hav	e you stored property in a storage unit or ι	place other than your home within	1 yea	ar before you filed for bankruptcy	?		
		No Yes. Fill in the details.						
		me of Storage Facility dress (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	De	scribe the contents	Do you still have it?		
Pai	t 9:	Identify Property You Hold or Control for	r Someone Else					
23.		you hold or control any property that some someone.	eone else owns? Include any prope	erty y	ou borrowed from, are storing for	, or hold in trust		
		No Yes. Fill in the details.						
	_	rner's Name dress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property	Value		
Pa	t 10:	Give Details About Environmental Inform	nation					
For	the p	ourpose of Part 10, the following definition	s apply:					
	toxi	rironmental law means any federal, state, o c substances, wastes, or material into the ulations controlling the cleanup of these su	air, land, soil, surface water, grour	_	•			
		means any location, facility, or property a wn, operate, or utilize it, including disposa	•	l law,	whether you now own, operate,	or utilize it or used		
		ardous material means anything an enviro ardous material, pollutant, contaminant, or		ıs wa	ste, hazardous substance, toxic s	substance,		
Rep	ort a	II notices, releases, and proceedings that y	you know about, regardless of whe	en the	ey occurred.			
24.	Has	any governmental unit notified you that yo	ou may be liable or potentially liabl	le und	der or in violation of an environme	ental law?		
		No						
		Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	nd	Environmental law, if you know it	Date of notice		
25.	Hav	Have you notified any governmental unit of any release of hazardous material?						
		No Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	nd	Environmental law, if you know it	Date of notice		
26.	Hav	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.						
		No Yes. Fill in the details.						
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case		
Pai	t 11:	Give Details About Your Business or Co	nnections to Any Business					
27.	With	nin 4 years before you filed for bankruptcy	, did you own a business or have a	ıny of	the following connections to any	/ business?		
		☐ A sole proprietor or self-employed in a	trade, profession, or other activity	y, eith	ner full-time or part-time			
		☐ A member of a limited liability compan	y (LLC) or limited liability partners	hip (l	LLP)			
Offic	ial Fo	rm 107 Statement	of Financial Affairs for Individuals Filir	ng for	Bankruptcy	page		

	otor 2 Tina L. Thomas		Case number (if known)				
	☐ A partner in a partnership						
	☐ An officer, director, or managing ex	ecutive of a corporation					
	☐ An owner of at least 5% of the voting	·					
	■ No. None of the above applies. Go to F	Part 12.					
	Yes. Check all that apply above and fill	Yes. Check all that apply above and fill in the details below for each business.					
	Business Name	Describe the nature of the business	Employer Identification number				
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.				
	(Name of accountant of bookkeeper	Dates business existed				
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement to	anyone about your business? Include all financial				
	■ No						
	Yes. Fill in the details below.						
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued					
Pai	t 12: Sign Below						
are with 18 U	true and correct. I understand that making a a bankruptcy case can result in fines up to I.S.C. §§ 152, 1341, 1519, and 3571. Clarence Thomas	false statement, concealing property, or \$250,000, or imprisonment for up to 20 y	I I declare under penalty of perjury that the answers robtaining money or property by fraud in connection years, or both.				
	rence Thomas	Tina L. Thomas					
Sig	nature of Debtor 1	Signature of Debtor 2					
Dat	e January 18, 2021	Date January 18, 2021					
■ N	res						
Did ■ N	you pay or agree to pay someone who is not lo	an attorney to help you fill out bankrup	tcy forms?				
	es. Name of Person Attach the Bankru	ptcy Petition Preparer's Notice, Declaration	n, and Signature (Official Form 119).				

LBR Form 2016-1(b)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

In re:		Case No.
Clarence Thomas Tina L. Thomas		Chapter 13
	Debtor(s)	Judge

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

I. **Disclosure**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debte that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy c follows:				
F	for legal services, I have agreed to accept	\$	3,700.00	
	rior to the filing of this statement I have received		500.00	
	Balance Due	\$	3,200.00	
2.	\$_313.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed compensation with any associates of my law firm.	other persons unless t	hey are members and/or	
	☐ I have agreed to share the above-disclosed compensation with another of my law firm. A copy of the agreement, together with a list of the na attached.			

Application

- I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$3,700, for rendering the legal services set forth below. If I seek payment of fees in excess of \$3,700, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the amount and itemization of any expenses for which reimbursement is sought, the identification and hourly billing rate of any attorney, paralegal, or other professional person for whom fees are sought, and the actual time spend by the attorney, paralegal, or other professional person for whom fees are sought.
 - Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's a. financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
 - Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, b. applicable court orders, and provisions of his or her chapter 13 plan;
 - Preparation and filing of any document required by § 521 of the Code, including Official Form 122C-1 and Official Form c. 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be
 - d. Preparation and filing of the chapter 13 plan and any preconfirmation amendments thereto that may be required; provided,

legal services performed relative to Paragraphs 5.4.1,5.4.2 and 5.4.3 of the chapter 13 plan are not covered by the no-look fee and may be compensated through a separate application for fees; however, in such event, no additional compensation will be allowed for the preparation and filing of a motion pursuant to Rule 5009(d).

- e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;
- f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
- g. Filing of address changes for the debtor;
- h. Review of claims;
- i. Review of notice of intention to pay claims;
- j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
- k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
- 1. Representation of the debtor in addressing any routine tax return or tax refund inquiries by the trustee, exclusive of any motion, objection, or hearing;
- m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
- n. Preparation and filing of debtor's certification regarding issuance of discharge order;
- o. Routine phone calls and questions;
- p. File maintenance and routine case management; and
- q. Any other duty as required by local decision or policy.

See Rights and Responsibilities

7. By agreement with the debtor(s), the above-disclosed fee does not include the following services: **See Rights and Responsibilities**

January 18,	. 2021
-------------	--------

Date

/s/ Amanda Page

Amanda Page P69025 MI P69025 MI

Name

Amourgis & Associates 3200 W. Market Street, Suite 106 Akron, OH 44333 330-400-5017 Fax: 330-400-5017

bk_Department@amourgis.com

P69025 MI OH

Fill in this information to identify your case:							
Debtor 1	Clarence Thomas						
Debtor 2 (Spouse, if filing)	Tina L. Thomas						
United States Bankruptcy Court for the: Southern District of Ohio							
Case number (if known)							

Check as directed in lines 17 and 21:									
According to the calculations required by this Statement:									
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Additional pages, write your name and case number (if known). Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				Colur Debt		mn B or 2 or filing spouse
Your gross wages, salary, tips, bonuses, overtim payroll deductions).	e, and co	ommissi	ons (before all	\$	4,853.61	\$ 1,473.64
Alimony and maintenance payments. Do not inclu Column B is filled in.	de payme	ents from	a spouse if	\$	0.00	\$ 0.00
All amounts from any source which are regularly of you or your dependents, including child supportion an unmarried partner, members of your househ and roommates. Do not include payments from a spoyou listed on line 3. Net income from operating a business,	ort. Includ old, your	le regula depende not includ	r contributions nts, parents,	\$	0.00	\$ 0.00
profession, or farm	S.	0.00				
Gross receipts (before all deductions) Ordinary and necessary operating expenses	-\$	0.00				
Net monthly income from a business, profession, or f	· –		Copy here ->	\$	0.00	\$ 0.00
Net income from rental and other real property	Debto	r 1				
Gross receipts (before all deductions)	\$	0.00				
Ordinary and necessary operating expenses	-\$	0.00				
Net monthly income from rental or other real property	v \$	0.00	Copy here ->	\$	0.00	\$ 0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

	Clarence Thomas Tina L. Thomas		Case numbe	r (<i>if known</i>)			
			Column A Debtor 1		Column E Debtor 2 non-filing	or	
7. Inte	erest, dividends, and royalties		\$	0.00	\$	0.00	
3. Un	employment compensation		\$	0.00	\$	0.00	
the	not enter the amount if you contend that the amount received was a benef Social Security Act. Instead, list it here:						
		00					
9. Per ber not Uni disa pay doe	Insion or retirement income. Do not include any amount received that was nefit under the Social Security Act. Also, except as stated in the next sente include any compensation, pension, pay, annuity, or allowance paid by the sted States Government in connection with a disability, combat-related injurtability, or death of a member of the uniformed services. If you received any paid under chapter 61 of title 10, then include that pay only to the extent the sonot exceed the amount of retired pay to which you would otherwise be estired under any provision of title 10 other than chapter 61 of that title.	nce, do e ry or retired hat it	\$	0.00	\$	0.00	
Do und core crin con Gor dea	ome from all other sources not listed above. Specify the source and an not include any benefits received under the Social Security Act; payments der the Federal law relating to the national emergency declared by the Preder the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to onavirus disease 2019 (COVID-19); payments received as a victim of a wane, a crime against humanity, or international or domestic terrorism; or inpensation, pension, pay, annuity, or allowance paid by the United States vernment in connection with a disability, combat-related injury or disability, ath of a member of the uniformed services. If necessary, list other sources parate page and put the total below.	made sident the ar or					
			\$	0.00	\$	0.00	
			\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.	+	\$	0.00	\$	0.00	
	Iculate your total average monthly income. Add lines 2 through 10 for ch column. Then add the total for Column A to the total for Column B. Determine How to Measure Your Deductions from Income	\$	4,853.61	+ \$ _	1,473.64		6,327.25
10 Co	py your total average monthly income from line 11.					\$	C 227 25
	lculate the marital adjustment. Check one:					Ψ	6,327.25
	You are not married. Fill in 0 below.						
	You are married and your spouse is filing with you. Fill in 0 below.						
	You are married and your spouse is not filling with you.						
_	Fill in the amount of the income listed in line 11, Column B, that was NO dependents, such as payment of the spouse's tax liability or the spouse's				nan you or yo	ur depend	ents.
	Below, specify the basis for excluding this income and the amount of inc adjustments on a separate page. If this adjustment does not apply, enter 0 below	ome de	voted to each	n purpose	e. If necessar	y, list addi	ional
				n purpose	e. If necessar	y, list addi	ional
	adjustments on a separate page.		voted to each	n purpose	e. If necessar	y, list addi	ional
	adjustments on a separate page.			n purpose 	e. If necessar	y, list addi	ional
	adjustments on a separate page.	\$ \$		- - -	e. If necessar	y, list addi	0.00
∣4. Y ∂	adjustments on a separate page. If this adjustment does not apply, enter 0 below.	\$ \$ +\$		- - -		y, list addi	

Debtor 1 Debtor 2		Clarence Thomas ina L. Thomas	Case number (if known)			
		Multiply line 15a by 12 (the number of months in a year).		Х	12	1
	15b.	The result is your current monthly income for the year for this par	t of the form.	\$_	75,927.00	

Debtor 1	Clarence Thomas					
Debtor 2	Tina L. Thomas					

16.	Calc	ulate t	he median family income that applies to yo	u. Follow these	steps:		
	16a.	Fill in t	the state in which you live.	ОН	_		
	16b.	Fill in t	the number of people in your household.	2	_		
		To find	the median family income for your state and sized a list of applicable median income amounts, getions for this form. This list may also be availa	go online using	the link specified in the separate	\$_	66,242.00
17.	How	do the	e lines compare?				
	17a.		Line 15b is less than or equal to line 16c. On 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO		· · · · · · · · · · · · · · · · · · ·		
	17b.		Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcula your current monthly income from line 14 about	ation of Your Di	•		_
Part	3:	Calc	culate Your Commitment Period Under 11 U.	.S.C. § 1325(b)(4)		
18.	Сор	y your	total average monthly income from line 11			\$	6,327.25
19.	conte	end tha	e marital adjustment if it applies. If you are mat calculating the commitment period under 11 come, copy the amount from line 13.	narried, your spo	ouse is not filing with you, and you		· · · · · · · · · · · · · · · · · · ·
	19a.	If the r	marital adjustment does not apply, fill in 0 on lir	ne 19a.		- \$	0.00
	19b.	Subtra	act line 19a from line 18.			\$	6,327.25
20.	Calc	ulate v	your current monthly income for the year. F	Follow these ster	os:		
			line 19b			\$	6,327.25
			ly by 12 (the number of months in a year).			· _	. 10
		widitip	ly by 12 (the number of months in a year).				(12
	20b.	The re	esult is your current monthly income for the yea	ar for this part of	the form	\$_	75,927.00
	20c.	Copy t	the median family income for your state and size	ze of household	from line 16c	\$_	66,242.00
	21.	How o	do the lines compare?				
			ine 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	ordered by the	court, on the top of page 1 of this form, c	check box 3,	The commitment
			ine 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4.	ess otherwise or	dered by the court, on the top of page 1 o	of this form, cl	neck box 4, <i>The</i>
Part	4:	Sign	n Below				
	By si	gning l	here, under penalty of perjury I declare that the	e information on	this statement and in any attachments is	true and cor	rect.
Х	(/s/	Clare	nce Thomas	}	X /s/ Tina L. Thomas		
- '	Cla	rence	e Thomas		Tina L. Thomas		
	·		of Debtor 1		Signature of Debtor 2		
	⊔ate		uary 18, 2021 DD / YYYY		Date January 18, 2021 MM / DD / YYYY		
	If you		ked 17a, do NOT fill out or file Form 122C-2.				
	If you	ı check	ked 17b. fill out Form 122C-2 and file it with thi	s form. On line 3	89 of that form, copy your current monthly	v income from	line 14 above

Fill in	n this info	ormation to id	entify your ca	se:							
Debto	or 1	Clarence T	homas								
Debto	or 2 use, if filin	Tina L. Tho	omas			_					
Unite	d States I	Bankruptcy Co	urt for the: So	uthern District of	f Ohio	_					
Case (if kno	number own)							☐ Chec	k if this is	an amende	ed filing
	al Form 1 apter		ulation o	of Your D	isposable	e Inc	ome				04/19
			need your cor I Form 122C-1)		Chapter 13 Stat	tement o	of Your Curre	ent Monthly	y Income a	and Calculat	ion of
space	is neede	ed, attach a se	parate sheet t		people are filing t lude the line num own).						
Part '	1: Ca	Iculate Your I	Deductions fro	m Your Income	1						
the	e questio	ns in lines 6-1	5. To find the		d Local Standard go online using t erk's office.						
exp	penses if	they are higher	r than the stand	ards. Do not incl	ess of your actual of lude any operating ed from your spou	g expens	es that you s	subtracted fr	rom income		
lf y	our expe	nses differ from	n month to mon	th, enter the ave	rage expense.						
No	te: Line n	umbers 1-4 are	e not used in th	s form. These no	umbers apply to ir	nformatio	n required by	y a similar fo	orm used in	n chapter 7 c	ases.
5.	The nu	mber of peop	le used in dete	ermining your d	eductions from i	income					
	plus the	e number of an		endents whom	exemptions on yo you support. This					2	
Na	tional St	andards	You must u	se the IRS Natio	onal Standards to a	answer t	he questions	in lines 6-7			
6.					of people you ent and other items.	tered in li	ine 5 and the	IRS Nation	al	\$	1,298.00
7.	the doll people	ar amount for who are 65 or	out-of-pocket he olderbecause	ealth care. The n older people ha	mber of people yo number of people i ve a higher IRS a litional amount on	is split in Ilowance	to two catego	riespeopl	e who are	under 65 and	l

Official Form 122C-2

People who are under 65 years of age						
7a. Out-of-pocket health care allowance per person	\$	56				
7b. Number of people who are under 65	X	2				
7c. Subtotal. Multiply line 7a by line 7b.	\$	112.00	Copy here=>	\$ <u>112.</u>	00	
People who are 65 years of age or older						
7d. Out-of-pocket health care allowance per person	\$	125				
7e. Number of people who are 65 or older	X	0				
7f. Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here=>	\$0.	00	
7g. Total. Add line 7c and line 7f		\$	112.00	Copy total he	ere=> \$	112.00
Local Standards You must use the IRS Local Standards t	o answ	er the questions in	n lines 8-15.			
Based on information from the IRS, the U.S. Trustee Proposition of two parts:	gram h	as divided the IR	S Local Standard	for housing for	r	
■ Housing and utilities - Insurance and operating expen	ses					
■ Housing and utilities - Mortgage or rent expenses						
To answer the questions in lines 8-9, use the U.S. Truste separate instructions for this form. This chart may also k					ink specifie	d in the
Housing and utilities - Insurance and operating exporting the dollar amount listed for your county for insurance	enses:	Using the number			\$	593.00

- Housing and utilities Mortgage or rent expenses:
 - 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

1,152.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment	
-NONE-	\$	
9b. Total average monthly payment	\$0.00	eat this amount ne 33a.
Net mortgage or rent expense.		

9c.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$	1,152.00	Copy here=>	\$	1,152.00
٠.			•	

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

btor 1 btor 2		nce Thomas L. Thomas				Case nu	umber	(if known)			
11.	Local tra	ansportation expenses	: Check the number of vehic	cles for whic	h you claim a	an owr	nersh	nip or operat	ing e	expense.	
	□ 0. Go	to line 14.									
	□ 1. Go	to line 12.									
	■ 2 or m	nore. Go to line 12.									
12.			ing the IRS Local Standards erating Costs that apply for							\$	376.00
13.	You may		pense: Using the IRS Local f you do not make any loan of								
Ve	hicle 1	Describe Vehicle 1:	2019 Hyundai Sonata 9	,252 miles	s						
13a.	. Ownersh	ip or leasing costs using	IRS Local Standard			\$;	521.00	_)		
13b.	. Average	monthly payment for all	debts secured by Vehicle 1.						_		
	Do not in	clude costs for leased ve	ehicles.								
	are contr		payment here and on line 1 payment here and on line 1 payment the 60 mont			t					
	Nan	me of each creditor for	Vehicle 1	Average r	monthly						
	Ну	undai Motor Finance	1	\$	550.00						
		Total A	verage Monthly Payment	\$	550.00	Copy		-\$5	50.	Repeat this amount on line 33b.	
13c.	Net Vehi	cle 1 ownership or lease	expense							Copy net Vehicle 1	
	Subtract	line 13b from line 13a. if	this number is less than \$0	, enter \$0			\$	0.00	_	expense here => \$	0.00
Ve	hicle 2	Describe Vehicle 2:	2009 Nissan Murano 17	76,899 mile	es						
13d.	. Ownersh	nip or leasing costs using	IRS Local Standard			\$.	521.00)		
13e.	. Average leased ve		debts secured by Vehicle 2.	Do not inclu	ude costs for						
	Nan	ne of each creditor for	Vehicle 2	Average r	monthly						
	On	eMain Financial		\$	24.00						
		Total av	verage monthly payment	\$	24.00	Copy here =>		24	1.00	Repeat this amount on line 33c.	
				1		_1					

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

0.00

0.00

		addition to the expense ded e following IRS categories.	luctions	listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, social	security taxes, and Medicare ever, if you expect to receive the total monthly amount the	e taxes. e a tax r	You may ind efund, you m	nd local taxes, such as income taxes, clude the monthly amount withheld from the found that the expected refund by 12 for taxes.	\$	960.00
17.	Involuntary deductions: The	, ,	tions tha	nt your job re	quires, such as retirement		
	contributions, union dues, and		such as	voluntary 40	01(k) contributions or payroll savings.	\$	280.00
18.		nthly premiums that you pay	for your	own term life	e insurance. If two married people are	· <u> </u>	
		fe insurance on your depend			spouse's life insurance, or for any form	\$	0.00
19.	Court-ordered payments: The administrative agency, such a	s spousal or child support pa	ayments		•	\$	0.00
00		-			You will list these obligations in line 35.	Ψ	
20.	Education: The total monthly ■ as a condition for your job,		ication t	hat is either	required:		
			hild if no	nublia adua	ation is available for similar services.	\$	0.00
04						Ψ_	
	Do not include payments for a	ny elementary or secondary	school	education.	sitting, daycare, nursery, and preschool.	\$_	0.00
22.	that is required for the health a by a health savings account. I	and welfare of you or your de nclude only the amount that	epender is more	its and that is than the tota		\$	0.00
	Payments for health insurance	· ·			•	Ψ_	
23.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment						
	expenses, such as mose repo	rted on line 5 of Official Form	11 1220-	1, or any am	ount you previously deducted.	+\$_	0.00
24.	Add all of the expenses allow Add lines 6 through 23.				ount you previously deducted.	** _ \$	5,268.00
	Add all of the expenses allo		e allow	ances.	ne Means Test.		
Add	Add all of the expenses allow Add lines 6 through 23. itional Expense Deductions Health insurance, disability	wed under the IRS expense These are additional ded Note: Do not include any insurance, and health savi	uctions expens	ances. allowed by the allowances	ne Means Test.	\$	
Add	Add all of the expenses allow Add lines 6 through 23. itional Expense Deductions Health insurance, disability insurance, disability insurance.	wed under the IRS expense These are additional ded Note: Do not include any insurance, and health savi	uctions expensings accepts that a	ances. allowed by the allowances	ne Means Test. s listed in lines 6-24. ses. The monthly expenses for health	\$	
Add	Add all of the expenses allow Add lines 6 through 23. itional Expense Deductions Health insurance, disability insurance, disability insurance your dependents.	These are additional dedinate: Do not include any insurance, and health saving, and health savings account	uctions expensings accusts that a	ances. allowed by the allowances count experimentare reasonab	ne Means Test. s listed in lines 6-24. ses. The monthly expenses for health	\$	
Add	Add all of the expenses allow Add lines 6 through 23. itional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account	These are additional dedinote: Do not include any insurance, and health saving, and health savings accoun	uctions expens	ances. allowed by the allowances count experiment reasonab	ne Means Test. s listed in lines 6-24. ses. The monthly expenses for health	\$	
Add	Add all of the expenses allow Add lines 6 through 23. itional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance	These are additional dedinate: Do not include any insurance, and health saving, and health savings accounts.	uctions expens	ances. allowed by the allowances count experiare reasonab 408.00 0.00	ne Means Test. s listed in lines 6-24. ses. The monthly expenses for health	\$	
Add	Add all of the expenses allow Add lines 6 through 23. itional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account	These are additional dedinate: Do not include any insurance, and health saving, and health savings accounts.	ductions expens ings accords that a	ances. allowed by the allowances count experience reasonabe 408.00 0.00 0.00	ne Means Test. s listed in lines 6-24. nses. The monthly expenses for health oly necessary for yourself, your spouse, o	\$r	5,268.00
Add	Add all of the expenses allow Add lines 6 through 23. itional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total	These are additional dedinate: Do not include any insurance, and health saving, and health savings accounts.	ductions expens ings accords that a	ances. allowed by the allowances count experience reasonabe 408.00 0.00 0.00	ne Means Test. s listed in lines 6-24. nses. The monthly expenses for health oly necessary for yourself, your spouse, o	\$r	5,268.00
Add	Add all of the expenses allow Add lines 6 through 23. itional Expense Deductions Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total No. How much do you Yes Continued contributions to account to pay for the reason	These are additional dedinate: Do not include any insurance, and health savings accounts, and health savings accounts.	luctions expens ings accepts that a second s	ances. allowed by the allowances. count experiment reasonable. 408.00 0.00 408.00 408.00 embers. The rt of an elder et to pay for se	ne Means Test. s listed in lines 6-24. nses. The monthly expenses for health only necessary for yourself, your spouse, o Copy total here=> e actual monthly expenses that you will only, chronically ill, or disabled member of such expenses. These expenses may	\$r	5,268.00
Add 25.	Add all of the expenses allow Add lines 6 through 23. itional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total No. How much do you Yes Continued contributions to continue to pay for the reason your household or member of include contributions to an according against family vio	These are additional dedinate: Do not include any insurance, and health savings accounts, and health savings accounts. \$ al amount? actually spend? the care of household or faable and necessary care and your immediate family who is count of a qualified ABLE problence. The reasonably necessary accounts.	luctions expens ings accits that a significant state of the suppose of the suppos	ances. allowed by the allowances count experience reasonab 408.00 0.00 408.00 408.00 embers. The rt of an elder et to pay for se to pay for se to monthly experience.	ne Means Test. s listed in lines 6-24. nses. The monthly expenses for health only necessary for yourself, your spouse, o Copy total here=> e actual monthly expenses that you will only, chronically ill, or disabled member of such expenses. These expenses may	\$r	5,268.00

ebtor 1 ebtor 2	Clarence Thomas Tina L. Thomas		Case number (<i>if kn</i> d	own)					
	Additional home energy costs. Your hon line 8.	ne energy costs are included in your insurar	nce and operat	ing e	xpense	es on			
	If you believe that you have home energy on the fill in the excess amount of home expressions.	costs that are more than the home energy coers	osts included i	n exp	enses	on lin	е		
	You must give your case trustee document amount claimed is reasonable and necess	ation of your actual expenses, and you musary.	st show that the	e ado	litional		:	\$	0.00
:		dren who are younger than 18. The month ependent children who are younger than 18							
	You must give your case trustee document claimed is reasonable and necessary and	ration of your actual expenses, and you must not already accounted for in lines 6-23.	st explain why	the a	mount				
	* Subject to adjustment on 4/01/22, and ev	ery 3 years after that for cases begun on or	after the date	of ac	ljustme	nt.	:	\$	0.00
		The monthly amount by which your actual fog allowances in the IRS National Standards as in the IRS National Standards.							
		tional allowance, go online using the link sp so be available at the bankruptcy clerk's off		epar	ate				
,	You must show that the additional amount	claimed is reasonable and necessary.					;	\$	44.00
	Continuing charitable contributions. The instruments to a religious or charitable organizations.	e amount that you will continue to contribute anization. 11 U.S.C. § 548(d)(3) and (4).	in the form of	cash	or fina	ancial			
1	Do not include any amount more than 15%	of your gross monthly income.					;	\$	400.00
	Add all of the additional expense deduc Add lines 25 through 31.	tions.					\$		882.00
)odu	ctions for Debt Payment								
	o calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home	nent, add all amounts that are contractually inkruptcy. Then divide by 60.	due to each se	ecure	a				monthly
33a.	Copy line 9b here					=>	\$	yment	0.00
Jou.							Ψ-		0.00
33b.	Loans on your first two vehicles					=>	Φ.		550.00
						/	Ψ_		
33c.	Copy line 13e here					=>	\$_		24.00
33d.	List other secured debts:								
Name	e of each creditor for other secured debt	Identify property that secures the debt		inclu	s paym de tax suranc	es			
					No				
	Bridgecrest	2013 Kia Serento 93000 miles			Yes		\$		350.00
					No		_		
					Yes		\$		
							Ψ -		
					No				
					Yes		+\$_		
				00		Copy			001.00
33e	Total average monthly payment. Add line	s 33a through 33d	\$	924	1.00	here	=>	\$	924.00

Debtor 1 Clarence Thomas Tina L. Thomas			Cas	se nı	umber (<i>if known</i>)			
34. Are any debts that you listed in lin or other property necessary for yo				€,				
■ No. Go to line 35.								
☐ Yes. State any amount that you listed in line 33, to keep po Next, divide by 60 and fill i	ossession of your property (c							
Name of the creditor	Identify property that secu	res the deb	t	To	tal cure amount		Monthly c	ıre
-NONE-			\$			÷ 60 = \$	amount	
			·	_		¬.		
			Total	\$	0.00	Copy total here=	s> \$	0.00
35. Do you owe any priority claims - s are past due as of the filing date o				nat				
No. Go to line 36.								
	ch as those you listed in line	19.		•			•	
Total amount of all past-o					553.00	÷ 60	\$	9.22
36. Projected monthly Chapter 13 plan	n payment			\$.				
Current multiplier for your district as office of the United States Courts (for the Executive Office for United State To find a list of district multipliers that incluse separate instructions for this form. This list	or districts in Alabama and N es Trustees (for all other distr udes your district, go online usin	orth Caroli icts). g the link sp	na) or by	X				
Average monthly administrative expe	ense				\$	Copy to here=>		
37. Add all of the deductions for deb Add lines 33e through 36.	ot payment.						\$	933.22
Total Deductions from Income								
38. Add all of the allowed deductions.								
Copy line 24, All of the expenses all expense allowances		\$	5,268.00)				
Copy line 32, All of the additional ex		\$	882.00)				
Copy line 37, All of the deductions	for debt payment	+\$	933.22	2	٦			
Total deductions		\$	7,083.22	2	Copy total here=>		\$	7,083.22

art 2: D	etermine Yo	ur Disposable Income Under 11 U.S.C. § 13	25(b)(2)					
		rrent monthly income from line 14 of Form of Current Monthly Income and Calculation of				;	\$	6,327.25
childre disabilit receive	en. The month ty payments f d in accordar	ply necessary income you receive for supportly average of any child support payments, fost or a dependent child, reported in Part I of Fornace with applicable nonbankruptcy law to the ended for such child.	ter care payments n 122C-1, that you	, or	\$	0.00	<u> </u>	
employ in 11 U.	er withheld fr .S.C. § 541(b	etirement deductions. The monthly total of a om wages as contributions for qualified retirem (7) plus all required repayments of loans from 2. § 362(b)(19).	nent plans, as spec	cified	\$	0.00	<u>.</u>	
42. Total o	f all deduction	ons allowed under 11 U.S.C. § 707(b)(2)(A).	Copy line 38 here	=>	• \$	7,083.22	!	
expens their ex	es and you h penses. You	cial circumstances. If special circumstances jugave no reasonable alternative, describe the special give your case trustee a detailed expland documentation for the expenses.	ecial circumstance		d			
Describe t	he special ci	ircumstances	Amount of	expe	nse			
			\$					
			\$					
			\$					
		Total	\$0.	00	Copy here=>\$		0.00	
44. Total a	djustments.	Add lines 40 through 43.	=:	> \$	7,08		opy ere=> - \$	7,083.22
45 Calcula	ate vour mor	nthly disposable income under § 1325(b)(2).	Subtract line 44 f	rom lii	20			-755.97
45. Calcula	ate your mor	itilly disposable income under § 1323(b)(2).	Subtract line 44 i	IOIII III	ne 39.		\$	
rt 3: C	hange in Inc	ome or Expenses						
have ch time yo you file	nanged or are our case will b d your petition	or expenses. If the income in Form 122C-1 or evirtually certain to change after the date you fee open, fill in the information below. For example, check 122C-1 in the first column, enter line in when the increase occurred, and fill in the a	iled your bankrupt ble, if the wages re 2 in the second co	cy pet porte lumn,	tition and du d increased	ring the after		
Form	Line	Reason for change	Date of ch	ange	Increas		Amount of ch	ange
☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2 ☐ 122C-1					Incre Incre Incre Incre Incre Incre Incre	rease Sease Sease Sease	.	
☐ 122C-2 ☐ 122C-1					Deci	0000		

☐ 122C-2

□ Decrease

Debtor 1 Debtor 2	Clarence Thomas Tina L. Thomas	Case number (if known)	
Part 4:	Sign Below		
E	By signing here, under penalty of perjury you	eclare that the information on this statement and in any attachments is t	rue and correct.
X	/s/ Clarence Thomas	χ /s/ Tina L. Thomas	
	Clarence Thomas	Tina L. Thomas	
5.	Signature of Debtor 1	Signature of Debtor 2	
Date	January 18, 2021 MM / DD / YYYY	Date January 18, 2021 MM / DD / YYYY	

Debtor 1	Clarence I nomas		
Debtor 2	Tina L. Thomas	Case number (if known)	

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2020 to 12/31/2020.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: U.S Post Office

Year-to-Date Income:

Starting Year-to-Date Income: \$\frac{\$29,914.30}{\$59,035.94}\$ from check dated \$\frac{6/30/2020}{\$12/31/2020}\$.

Income for six-month period (Ending-Starting): \$29,121.64 .

Average Monthly Income: **\$4,853.61**.

Debtor 1	Clarence Thomas		
Debtor 2	Tina L. Thomas	Case number (if known)	

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **07/01/2020** to **12/31/2020**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Fixari School of Reynoldburg LLC

Income by Month:

6 Months Ago:	07/2020	\$2,438.38
5 Months Ago:	08/2020	\$2,573.70
4 Months Ago:	09/2020	\$2,338.19
3 Months Ago:	10/2020	\$1,491.55
2 Months Ago:	11/2020	\$0.00
Last Month:	12/2020	\$0.00
	Average per month:	\$1,473.64

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcv_fo

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. American Honda Finance Attn: National Bankruptcy Center Po Box 166469 Irving, TX 75016

Bridgecrest 7300 East Hampton Avenue Suite 100 Mesa, AZ 85209

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

City of Columbus Tax Division PO Box 183190 Columbus, OH 43218

Columbus City Income Tax 77 North Front Street Columbus, OH 43215

Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

CT Corporation System Agent/Register 1300 East 9th Street Cleveland, OH 44114

Diverse Funding Associates Attn: Bankruptcy 2351 North Forest Road, Ste 110 Getzville, NY 14068

Dylan M. Booth 600 South Pearl St. Columbus, OH 43206

Enhanced Recovery Company Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256

Fed Loan Serv Pob 60610 Harrisburg, PA 17106

Fedloan Pob 60610 Harrisburg, PA 17106 Fingerhut Attn: Bankruptcy 6250 Ridgewood Road Saint Cloud, MN 56303

FinWise Bank/Opp Loans Attn: Bankruptcy 130 E Randolp St, Ste3400 Chicago, IL 60601

Finwise Rise Attention Bankruptcy Po Box 679900 Dallas, TX 75267

First Investors Financial Services Attn: Bankruptcy 380 Interstate North Parkway, Suite 300 Atlanta, GA 30399

First Premier Bank Attn: Bankruptcy PO Box 5524 Sioux Falls, SD 57117

First Premier Bank Atten: Bankruptcy PO Box 5524 Sioux Falls, SD 57117

Franklin County Municipal Court Clerk of Court 3rd Floor 375 South High Street Columbus, OH 43215

Genesis FS Card/Kay Jewelers Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076

Hyundai Capital America, Inc 3161 Michelson Drive Suite 1900 Irvine, CA 92612

Hyundai Motor Finance Attn: Bankruptcy Po Box 20829 Fountain Valley, CA 92728

Hyundai Motor Finance Company CEO Michael Buckingham PO Box 20829 Fountain Valley, CA 92728 IRS Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346

Jessicia Huston 1329 Country Club Road Columbus, OH 43227

KEMBA Financial Credit Union Attn: Bankruptcy Po Box 307370 Gahanna, OH 43230

Mariner Finance, LLC Attn: Bankruptcy 8211 Town Center Drive Nottingham, MD 21236

Meade & Associates Attn: Bankruptcy 737 Enterprise Dr Lewis Center, OH 43035

National Credit Adjusters, LLC 327 West 4th Avenue Po Box 3023 Hutchinson, KS 67504

Navient Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773

Navient Po Box 9635 Wilkes Barre, PA 18773

Navient Attn: Bankruptcy Po Box 9640 Wilkes Barre, PA 18773

Ncd Financial Llc 8001 Forbes Pl Springfield, VA 22151

NCP Finance Attn: Bankruptcy 205 Sugar Camp Circle Dayton, OH 45409 Nelnet Attn: Bankruptcy Claims Po Box 82505 Lincoln, NE 68501

Ohio Department of Taxation Bankruptcy Division P.O. Box 530 Columbus, OH 43216

Once Main Finanical CEO Doug Shulman 601 N.W. Second Street Evansville, IN 47708

OneMain Financial Attn: Bankruptcy Po Box 3251 Evansville, IN 47731

PNC/Great Lakes Higher Education Attn: Bankruptcy Po Box 7860 Madison, WI 53707

Portfolio Recovery Attn: Bankruptcy 120 Corporate Blvd Norfolk, VA 23502

Synchrony Bank/ JC Penneys Attn: Bankruptcy Po Box 965064 Orlando, FL 32896